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ABSTRACT

This collection of papers from the 1993 Teachers College Winter Roundtable focus on training for competence in cross-cultural counseling and psychotherapy. Each paper approaches an issue in effective practice from a theoretical or applied perspective. The following are included: (1) "African-American Identity: A Causal and a Noncausal Approach" (Evelyn V. Brooks and Ernest D. Washington); (2) "Multiculturalism and Social Constructionism: Made for Each Other" (Roberto Cortez Gonzalez, and others); (3) "Exploring Multicultural Dynamics in Experiential Groups" (Ana Maria Reyes and Marianne P. Celano); (4) "Incorporating Ethnically Diverse Content and Training into Predominantly White Graduate and Professional Programs: Dealing with Inertia and Resistance" (Joseph F. Aponte and James P. Clifford); (5) "How Can White Counselors Help White Clients with Racial Issues" (Nancy G. Ochs and Kathy M. Evans); (6) "Establishing Credibility among Asian-American Student Populations: Guidelines for University Counseling Centers" (V. Scott Solberg, and others); (7) "Language Skills in the Counseling Environment" (Jeanette Altarriba); (8) "Counseling American Indians" (Timothy C. Thomason); and (9) "Nonordinary Reality: Indigenous Models of Helping in the Non-Western World" (Courtland C. Lee). Each paper contains references. (SLD)

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The 1993 Teachers College Winter Roundtable Conference Proceedings

Training for Competence in Cross-Cultural Counseling and Psychotherapy

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Introduction

This collection of papers has been selected from submissions to the 1993 Teachers College Winter Roundtable on Cross Cultural Counseling and Psychotherapy. The theme for papers this year was: Training for Competence in Cross Cultural Counseling and Psychotherapy. Going beyond knowing that culture makes a difference continues to be a central theme in most training efforts attempting to improve counselor effectiveness with culturally diverse client populations. The papers in this volume each approach an issue in effective practice from a theoretical or applied perspective consistent with the theme.

Theoretical contributions to this volume derive from the efforts of two teams of authors to bring together bodies of work from two very popular theoretical perspectives: racial identity theory and social constructionism. The rest of our contributors sought to address issues of practice or training.

In the area of theoretical work, Evelyn Brooks and Ernest Washington address the popular construct of African American identity with a unique approach that makes a distinction between causal and noncausal qualities of theoretical approaches. Our colleagues Roberto Cortéz González, John Biever, and Glen Gardner work to achieve a theoretical synthesis of Multiculturalism and Social Constructionism for counseling. Their effort offers valuable examination of key theoretical issues. Our next authors, Ana Maria Reyes and Marianne P. Celano, offer an excellent theoretical assessment of how cultural diversity affects the dynamics of experiential groups.

The bulk of our contributions this year fell into the domain of practice. Joseph F. Aponte and James P. Clifford examine the resistance encountered in attempting to change the course content in mainstream counseling programs. Nancy G. Ochs and Kathy M. Evans confront the question "How Can White Counselors Help White Clients with Racial Issues?," offering a comprehensive framework for application. V. Scott Solberg, Betsy J. Davis, and Samira Ritsma offer strategies for university-based counselors to build credibility with potential Asian-American clients. Jeanette Altarriba frames a role for language skills in the counseling environment for Spanish speaking clients. Timothy T. Thomason takes a culturally derived approach in guiding our thinking about counseling American Indians in the age of diversity. Courtland Lee shares the provocative results of his recent investigations regarding nonordinary reality and indigenous healing.

Please Note: Questions about manuscripts should be directed to authors.

AFRICAN-AMERICAN IDENTITY: A CAUSAL AND A NONCAUSAL APPROACH

Evelyn V. Brooks, M.Ed. and Ernest D. Washington, Ph.D.
University of Massachusetts, Amherst

The study of African-American identity has received scant attention by social scientists. American business takes identity seriously. Why else would business spend hundreds of millions of dollars using African-American entertainers and sports figures as role models to sell everything from cereals to liquor?

Recent international events have propelled identity into the status of an important social and political phenomenon. The developments in the former Soviet Union have forced us to respect and become uneasy about the resurgence of culture and nationalism and the redefinition of individual identity. The forces released during the processes of identity transformation have resulted in heroism, sacrifice, war, strife and continued struggle. Nation building, perhaps, has as its foundation the redefinition of identity. In the times of the civil rights movement, Black identity was not problematic, and the talk of building a nation gave credence to that identity. The recent rebellion in Los Angeles is a reminder that African-American identity has not been lost amidst assimilation and oppression.

The analyses of African-American identity advanced here compare two different approaches. The noncausal approach proposes that cultural identity consists of two aspects: the ability to participate in the institutions of the culture and the ability to use metaphors to describe these experiences. These descriptions can be mental, physical, social, spiritual, mechanistic, and so on. The causal model of identity is a theory of stages of identity development and anger. From this perspective, how African-Americans learn to express anger is key to understanding identity development. These two approaches are complementary and contribute different kinds of knowledge to the explanation of identity.

Noncausal Metaphoric Identity

Human beings are metaphoric creatures. Our creative impulses as well as everyday life are given expression through metaphors. Religion, sports, music, dance, painting and theatre are deeply metaphoric experiences, and provide the ways of seeing through which we create our cultural worlds. The adoption of the metaphor as the key element in the understanding of identity provides a linkage with research in religion, music, dance, painting and literature. The metaphor thus provides a theoretical structure through which to join the arts and humanities with the social sciences.

The metaphor is a useful tool for the analysis of the multiple perspectives that we use to describe our roles in the world. Metaphors have their origins in the activities of daily life, and upon this foundation evolves the ability to see the cultural world in metaphoric terms. Every culture consists of a core set of institutions or forms of life which have an organic relationship to the context in which the culture evolves. These forms of life are characterized by sets of activities or language games, and deviancy beyond a certain point is not tolerated. A change in identity refers to a metaphoric shift in the reference group stories that the individual constructs to explain activities that are normative to the new reference group. The metaphor provides a theoretical explanation of the ability to see an object, a person, an act, first one way, and then another way.

Metaphors are language games (activities) which are parasitic upon a way of life. There are many different kinds of language games: metaphors are simply one kind of language game. It is a language game with deep evolutionary roots, if the emerging research is valid. Metaphoric learning is a part of the natural history of infants according to

Palermo (1989), who bases his arguments on the research of Wagner, et al. (1981), Wagner & Sakovits (1986), Rose (1986) and especially Marks, Hammeal, and Bernstein (1987). These writers have found that infants are capable of cross-modal transfer, i.e., the ability to transduce information from one sensory modality to another. Infants have been found to be able to respond to the perceptual dimension of pitch if it was related in a systematic way to the perceptual dimension of brightness or that of the dimension of rising or falling pitch to an arrow that points up or down.

These transfer effects from one perceptual dimension to another offer an intriguing clue in the evolutionary history of human infancy. These abilities presumably have an evolutionary usefulness and provide some increment of survivability. Suppose that increases or decreases in perceptual cues such as brightness, sounds, smells provide indicators of other changes in the environment that are of importance, it would stand to reason that cross-modal transfer would be a matter of importance. Metaphors have their origins in the biological realm of cross-modal transfer, and it is upon this foundation that cultural metaphors are situated. The strength and pervasiveness of metaphoric thinking then may be due, in part, to its deep evolutionary roots.

The Power of Metaphors

Identity has become the glue that holds the different metaphors of our lives together. The more difficult and chaotic the situation, the more important identity becomes. For youngsters living in the inner cities, the violence, uncertainty, dysfunctional families, and inadequate schools provide a necessity for a strong sense of identity. In such a circumstance, identity becomes a stabilizing force.

Metaphors are powerful language games that we play with each other. The power stems from the images that are integral to the use of metaphors. Images are central to the way that we think about social relations. The images help to organize our experiences and are the media for selection, rejection, and enhancement of information. Images fuse emotions, thoughts and beliefs into a coherent whole.

Metaphoric identity brings together different forms of knowledge: knowing, believing, understanding, emotions, and images. Metaphors provide the linguistic structures that link these forms of knowledge in very complex relations and give texture to our daily lives. The multi-dimensionality of metaphoric thinking enriches our experiences. Knowing, believing, understanding, images and emotions are different forms of knowledge which have unique places in our experiences, and it is through identity that we come to understand and integrate these different metaphors of our lives.

Metaphors, Identity and Culture

Identity refers to the integrity of the metaphors through which we live. Our dress, music, art, housing, and food are metaphors through which we see and the world sees us. Each culture creates sets of metaphors that become the criteria by which membership is judged within the culture. Every institution in our lives evolves its own set of metaphors and the community judges the authenticity of the metaphors. We see ourselves in first one way and then another as we go from one situation to another, and it is identity that helps us to integrate our experiences.

Metaphors take on different forms. In some cases the metaphors are physical, linguistic, visual, or musical. Our dress, our daily costumes, are metaphoric in that they provide ways in which we can see ourselves. Dressing for sports, business, or a party present different possibilities for seeing as. The fashion industry is premised on the view that "seeing as," that is, seeing oneself as "dressed in this costume," provides an identity. It is no wonder that adolescents are so preoccupied by their dress because dress becomes a metaphor through which the individual sees self as.

Sports is another powerful metaphor through which many people, young and old, see themselves. The advertisers were correct when they coined the phrase, I want to be like Mike. Mike, of course, is Michael Jordan who has become a international megastar. Chicago Bull uniforms have be-

come a very hot clothing item because, through dressing like Mike, we can see ourselves as Mike.

Basketball has become a major metaphor in the lives of young African-American males. What makes the game so large in the Black community? Playing basketball is entering a different world, it is a world where we can become our heroes, and once the flow of the game begins, We can be like Mike. In the flow of the game, the players enter an altered state of consciousness, and can become like the role models. It is a world onto itself, a culture with its own rules, beliefs and boundaries. It is a place where a young man can set aside the difficulties of classrooms, families, and relationships and enter a new world.

Understanding African-American Identity as a Mental Health Factor

Understanding is the key to explaining African-American identity, because it is through understanding that we come to grasp the inter-relatedness of our experiences. Identity is a key factor in the mental health of African-Americans. An individual who has deep roots in the institutions of a culture is someone with a strong sense of identity. An individual who has strong links to the culture also has learned to act out the metaphors of the different institutions.

A strong sense of identity is a positive risk factor, while a weak sense of identity is a liability with African-Americans. The social threats of discrimination, racism and poverty are ever-present threats to individuals with a weak sense of identity. Interestingly, it does not matter if the individual chooses to call herself Black, African-American or even Negro. What is important is that the individual have a strong sense of identity. Identity is the psychological story that we use to explain to ourselves and others the meanings of our experiences.

Understanding African-American culture means being able to play the language games, participate in the activities, of the culture. It also means being able to participate in the metaphoric activities of the culture. It is through understanding that we are able to grasp the complexities of a strong identity. A person who has a strong sense of identity has a sense of being included within the different institutions of the culture. If a Black person does not have a strong sense of identity in America, the racism, discrimination and poverty of the society will put that person at risk.

A claim to be African-American is a claim to be able to see the world through the metaphors of Africa and America. These two concepts represent different world views, and the juxtaposition of these concepts, reveals a new cultural experience, one that is neither African nor American but a unique cultural experience. When individuals have roots in both experiences, the claim of African-American identity has to be respected.

Implications

A model of identity premised on metaphors has some good qualities. It begins with the recognition that a metaphoric approach to identity frees the concept from traditional conceptions of cognition with its assumptions about hierarchy. There remains African-American identity as metaphor with the capacity to express countless different possibilities, and hence the ability to look at the world from many different viewpoints. The picture which emerges is of individuals with many facets to their identities.

A Causal Model of African-American Identity and Anger

What happens to a dream deferred?

Does it dry up
like a raisin in the sun?
Or fester like a sore—
And then run?
Does it stink like rotten meat?

Or crust and sugar over—
like a syrupy sweet?
Maybe it just sags
like a heavy load.
Or does it explode?

—Langston Hughes

"Harlem" by Langston Hughes provides a series of metaphors through which we can understand

the anger of African-Americans. Anger is experienced when an individual perceives that she has suffered an injustice which threatens her personal sense of identity. It is an emotion that is expressed when someone has been wronged or in an attempt to right a wrong. A student may become angry when he receives a poor grade from a teacher if he believes his work was good and deserved a higher mark. The anger may be expressed by complaining to a friend, by asking for an appointment with the teacher or by stubbornly refusing to talk in class.

Several Black identity development models which describe world view, attitudes, perceptions and cultural reference groups have been developed (Helms, 1990). These models primarily examine the development of cognition and make only passing reference to the development of emotion (Brooks, 1990). The most frequently studied of these of these models was developed by Cross (1971; Helms, 1990; Parham, 1989). In the Cross model, anger is identified in the encounter stage and the Immersion-Emersion stage as a catalyst and energizer, and as dissipated in the internalization stage. It is argued here that anger is more central to the process of Black identity development. It is present although expressed in different ways at each stage of development, and culture and cognition interact at each stage (Brooks, 1990; Ivey, Ivey & Simek-Morgan, 1993).

Affect and anger are closely linked, and they are linked to cognition as well. If anger is an emotional experience which accompanies perceived injustice, then the cognitive experience of this perception is an integral part of anger; the emotional experience cannot occur without its cognitive counterpart. For example, if you step on my foot, I may become angry if I think you did it on purpose to hurt me, or not angry if I believe it was an accident. The act of stepping on my foot in and of itself does not make me angry, but rather my perception of your intention when you stepped on it. Therefore, we can more accurately think of anger as an internal cognitive/affective process.

Culture circumscribes the expression of anger. Acts by themselves do not contain any inherent meaning which mandates that a person respond with anger. Each culture develops rules which determine what constitutes an injustice, and thus, whether or not anger is an appropriate response. Cultural rules also determine which behaviors are appropriate to express anger. For example, rules about arriving at appointments on time vary from culture to culture, and within cultures depending upon on the specific context. Take the case of two friends who say they will meet for dinner at 5:00 P.M. In some cultures it is appropriate to become angry if one friend arrives at 5:15. In other cultures arriving at 5:45 may not be considered late, and as such, anger is not justified. Therefore, anger should be considered a cultural process which is influenced by cultural reference group orientation.

Anger is an incredibly powerful emotion. Most often anger is thought of as powerful in a negative way; it is often thought of as the equivalent of aggression. It is also associated with negative expressions such as various physical health problems (Broman & Johnson, 1988), including hypertension, which is of particular concern in the Black community (Gentry, 1985). In an effort to avoid anger, emotions such as guilt or depression may be manifested (Travis, 1989), or anger may be turned into self-blame or denial (Lerner, 1980; Tarvis, 1989).

Anger can also have positive expression. It can be a source of energy which helps people to achieve their goals. It can also bring communities together to fight injustice (Cross, 1971; Novaco, 1985), as in the civil rights movement. Anger can result in wonderful expressions of humor and creativity as evidenced by the work of such artists as John Singleton, Gloria Naylor, or James Baldwin. Understanding anger may enable the individual to use more positive expressions and to put aside negative and destructive expressions.

The Cross Model

The Cross model identifies four stages of development: Pre-Encounter, Encounter, Immersion-Emersion, and Internalization. Individuals identified in the Pre-Encounter stage hold a Eurocentric world view. They place a low salience on aspects of racial identity, and demonstrate a dominant (White) culture reference group orientation (RGO). The En-

counter stage is a stage of cognitive dissonance in which the person has an experience which causes him to rethink his conception of identity and world view. A negative experience, such as one of racism, may cause anger which can serve as a catalyst for movement through the process of identity development. The Immersion-Emersion stage is characterized by dichotomous, oversimplified thinking; Black culture is idealized and White culture is rejected. The new identity has not yet been internalized and is thus based on negation of White culture. The RGO shifts to Black culture, and anger is directed at Whites. Individuals at this stage are very concerned with proving their Blackness. The identity of people in the Internalization stage is based on personal standards of Blackness, and an affirmation of Black culture. Racism is understood as systemic, and anger at this stage is less intense (Cross, 1991).

Anger and Identity Development

Cross (1991) has thus identified two RGOs. These are the Black RGO (the in-group), and the White RGO (the out-group). Each of these cultural groups has its own experiences and world view, and thus, will have its own rules about anger. The experiences and world view of the in-group prepares its members to expect and perceive racial injustice. The out-group, however, has neither the experiences nor world view to prepare its members to perceive racial injustice as readily. The Eurocentric world view tends to deny or minimize the impact of racial oppression which results in a tendency to invalidate Black anger.

Individuals identified in the Pre-Encounter stage have experiences of racial injustice; however, their out-group orientation and Eurocentric world view, which does not legitimize Black anger, is in opposition to this experience. The in-group perspective recognizes that anger is present at all stages. In order to maintain and protect an out-group orientation and world view, the Pre-Encounter person must find methods of anger expression which do not conflict with it. Expressions such as self-blame, depression, denial, or physical health symptoms are acceptable because they do not identify the situation as one of racial injustice.

The Encounter stage is entered when the person can no longer deny her anger; the anger felt is now experienced as dissonant with the Eurocentric world view and out-group RGO. In this way, the recognition of anger serves as the force which allows identity development to take place.

The out-group tends to recognize, although not necessarily legitimize, Black anger at the Immersion-Emersion stage. These are the individuals who are often referred to as "militants" and "extremists." Their anger is recognized as part of being militant. People at this stage who exhibit a strong identification with the in-group and whose Black identity has not yet been internalized have a need to constantly prove their Blackness. This is accomplished by participating in public actions which declare it (Cross, 1971, 1991). Clear and direct expressions of anger made at this stage serve to prove in-group status as much as they serve to express anger. This anger is the hostility and rage and also the creativity and unifying force in the community that has been referred to by Cross (1971).

In the Internalization stage expressions of anger have changed. These forms of expression often may not be recognized as anger by those in the out-group, which contributes to the out-group perception that anger has diminished in the Internalization stage. The individual is no longer concerned about proving in-group status through anger expression, and has developed a sensitivity to contextual factors in the situation. Therefore, there is a larger repertoire of anger responses available. This allows him to have the ability to "choose his battles," and perhaps express anger more often in front of those in the in-group, and less often in front of the out-group. These new forms of expression give the impression to the out-group that anger has subsided.

Implications

The metaphoric and stage theories of identity have their origins in two different approaches to science. The first is hermeneutic, noncausal, while the second is positivist, causal. The former emphasizes understanding while the second emphasizes knowing the relations between stages of development

and anger. Knowing and understanding are different forms of knowledge and have complementary places in explanation. Causal analyses facilitate the identification and classification of the variables involved in identity development while noncausal approaches provide a means of integration/understanding the relations between variables. One approach is incomplete without the other.

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MULTICULTURALISM AND SOCIAL CONSTRUCTIONISM: MADE FOR EACH OTHER

Roberto Cortéz González, Ph.D., Joan L. Biever, Ph.D., and Glen T. Gardner, Ph.D.

Our Lady of the Lake University

Ours is the sense of having two good friends—multiculturalism and social constructionism—both of whom we know, but whom we suspect have not met each other. If they have met before, we believe they may be slightly acquainted at best. It is as if we would like to bring these two together to get to know one another better. We believe our two friends have much in common: they have a great deal to talk about and could probably learn something from each other, too.

This paper discusses the task of therapists who are working at understanding the world view of culturally different clients from themselves from the viewpoint of social constructionism (Berger & Luckmann, 1966; Gergen, 1985). Multiculturalism has been heralded as the fourth force in counseling (Pedersen, 1990; 1991). Our position is that multiculturalism and social constructionism are made for each other. First, we will present the main ideas of the multicultural movement in counseling. Second, we will examine the basic assumptions of social constructionism. Finally, we will state how, as the multicultural movement continues to evolve, social constructionism in psychology can contribute to a theoretical basis for training for cross-cultural competence.

Multiculturalism

The multicultural perspective. Table 1 summarizes a dozen main points about the multicultural perspective in counseling. After the psychodynamic, behavioral, and humanistic perspectives, multiculturalism is becoming a "fourth force" in its influence on mental health counseling (Pedersen, 1990).

Pedersen (1990) differentiates the multicultural perspective from "multicultural counseling." The latter term refers to a specialized aspect or subfield which would imply that the multicultural perspective is not relevant outside that specialized field.

The pluralistic personality. Prior to the adoption of multiculturalism and the multicultural perspective as terms of conventional usage, other descriptors used were cross-cultural counseling/therapy and pluralistic counseling. The history of the use of these various terms and descriptors is beyond the scope of this paper (see Baruth & Manning, 1991, pp. 19-24, for such an overview). However, relevant for the purposes of our paper, we wish to make mention of the so-called pluralistic personality.

Novak (1980) writes that in the United States, cultural diversity plays a unique psychological role so as to produce the pluralistic personality. Given the plurality of cultural roots in U. S. society, each person, by right and opportunity, is responsible for choosing his or her own identity from the various social groups in which they participate, thus creating multiple social identities. Of some of these forms of "belonging," the individual in question may choose to make little or nothing, while on other forms the individual may choose to focus their energies fully. Another person of similar background might make a quite different choice. Such "belonging," then, is a phenomenon of human consciousness and is subject to multiple influences and multiple transformations, in oneself and in the eyes of others. Furthermore, for the pluralistic personality, there is a capacity to enter into multiple perspectives, and to see the same matter from more than one point of view.

Having provided an overview of the multicultural perspective, and having touched on the notion of the pluralistic personality, we next turn to the ideas

Table 1

The Multicultural Perspective in Counseling

1. Provides the opportunity for two persons—from different cultural perspectives—to disagree without one being right and the other being wrong (Pedersen, 1990, p. 93; Sue, 1992, p. 8).
2. Tolerates and encourages a diverse and complex perspective (Pedersen, 1990, p. 93).
3. Allows for more than one answer to a problem and for more than one way to arrive at a solution (Sue, 1992, p. 8).
4. Is generic to all aspects of counseling and not limited to exotic populations viewed from a white, male, urban dominant-culture perspective (Draguns, 1989, cited in Pedersen, 1990, p. 93).
5. Recognizes that a failure to understand or accept another world view can have detrimental consequences (Sue, 1992, p. 8).
6. Takes a broad view of culture by recognizing the following variables: ethnographic (ethnicity, nationality, religion, language usage); demographic (age, gender, place of residence); status (social, economic, educational factors); affiliations (formal memberships, informal networks) (Pedersen, 1990, p. 93).
7. Conceives of culture as complex when we count up the hundreds or perhaps even thousands of culturally learned identities and affiliations that people assume at one time or another (Pedersen, 1990, p. 93).
8. Conceives of culture as dynamic as one of such culturally learned identities replaces another in salience (Pedersen, 1990, p. 93).
9. Uses methods and strategies and defines goals consistent with the life experiences and cultural values of the client (Sue, 1992, p. 13).
10. Views behavior as meaningful when it is linked to culturally learned expectations and values (Pedersen, 1990, p. 94).
11. Acknowledges as significant within-group differences for any particular ethnic or nationality group (Pedersen, 1990, p. 94).
12. Recognizes that no one style of counseling—theory or school—is appropriate for all populations and situations (Sue, 1992, p. 14).

of social constructionism. Before we integrate the two in the last part of our paper, perhaps the reader will begin to discern striking similarities between the two.

Social Constructionism

Social constructionism in psychology. Table 2 summarizes eight main points about social constructionism in psychology.

A few examples from the world around us serve to illustrate social constructionism in action: the weekend as we know it here in the U.S., made up of Saturday and Sunday, is a socially agreed-upon construct that is barely 100 years old (Rybczynski, 1991). The Super Bowl, that annual and uniquely American sporting event, was not a part of our socially constructed reality prior to 1966. The inventions of the weekend and the Super Bowl demonstrate how reality is fluid, always changing, on the basis of negotiated meanings.

The idea of deconstruction may be illustrated by the dissolution of the Soviet Union. The nuclear threat once posed toward the U.S. from the U.S.S.R., as well as the decline of Communism as a politically powerful ideology, are demonstrations of the non-static nature of reality.

Admittedly, social constructionism can become more ominous, foreboding, and menacing when its focus shifts from the world around us to a place much closer to home: academia, intellectual life (Gergen, 1991), and, perhaps most cherished of all for many of us, to the theories of mental health counseling. Discomfort arises from social constructionism's assertion that attempts to render ac-

Table 2

Social Constructionism In Psychology

1. Views meanings and understandings of the world as developed through social interaction (Gergen, 1985, p. 266).
2. States that constructions of meaning are derived from the social context.
3. Places knowledge of the world—reality—within the process of social interchange (Gergen, 1985, p. 266).
4. Emphasizes the social nature of understanding, with knowledge of the self and emotional experience also evolving from such interchanges (Osbeck, 1991, p. 6).
5. Views language as the primary vehicle for the transmission of such meanings and understandings (Berger & Luckmann, 1966; Anderson & Goolishian, 1988).
6. Views actions and behaviors as secondary vehicles of social interaction, since some language or unspoken understanding has to precede the initiation of most meaningful acts (Harlene Anderson, personal communication, 12/12/92).
7. Considers the social origins of taken-for-granted assumptions about psychological processes (Berger & Luckmann, 1966, p. 23), which can differ markedly from one culture to another.
8. Recognizes that historical contexts can play a significant role in how our interactional experience is constructed (Osbeck, 1991, p. 5).

curate understandings of absolute, objective truths has not been successful (Gergen, 1991; Guerin, 1992; Scarr, 1985). Clear-cut, factual conclusions based on the positivist paradigm have not been so much derived from empirical evidence as from a network of social agreements. By positivist paradigm, we mean that scientific explanations for human behavior are respected as the only acceptable source of genuine knowledge (Flew, 1984, pp. 261, 283). In reference to theories of mental health counseling, mechanistic models based on supposedly known processes have been used to explain phenomena such as drives, instincts, libidinal energy, cognitions, reinforcements, and mental health states (Flew, 1984, p. 227; Sarbin, 1986). From a social constructionist standpoint, mental health concepts such as defense mechanisms, faulty life scripts, cognitive distortions, irrational beliefs, or codependency are not seen as factual entities existing independently of those who perceive them, but as constructs of those who choose to adhere to them.

Modernism and Postmodernism. "Modern" and "modernist" are the terms used to describe world views based upon rational, objective/positivist/empirical, and mechanistic perspectives (Borgmann, 1992; Gergen, 1991; O'Hara & Anderson, 1991). "Postmodern" and "Postmodernism" are the terms used to describe world views based upon a social consciousness of multiple belief systems and multiple perspectives (Borgmann, 1992; Gergen, 1991; O'Hara & Anderson, 1991). In the remaining part of this paper, we will make reference to modernist and post modernist world views where appropriate. We wish to emphasize that the two are not mutually exclusive, only that post modernism expands upon the modern world view.

Integration

In the counseling situation, social constructionism displays its post modern world view (Anderson & Goolishian, 1988; McNamee & Gergen, 1992). Both multiculturalism and social constructionism focus on expanding the theoretical and methodological basis of counseling and psychotherapy rather than remaining limited to currently existing therapeutic options. Implicitly and explicitly, therapists are challenged to work at understanding the world of the client rather than making assumptions based on the therapist's own training and life experiences. The task for therapists is to work to fit the method to client rather than expecting the client to conform to the method. Entertaining multiple possibilities, as both the multicultural perspective in

counseling and the social constructivist movement in psychology encourage us to do, frequently requires that one incorporate ideas that are perhaps not yet articulated in the counseling and psychological literature.

The search for Truth in therapy. A therapist working with a post modernist world view would be suspicious of searching for ultimate truths in their clients' lives. Similarly, the multicultural perspective allows for culturally different therapists and clients to disagree without one being right and the other wrong.

The search for healthy and unhealthy characteristics. In clinical work, the social constructionist minimizes the use of deficit models that can perpetuate the *status quo*, and instead emphasizes strengths, competencies, and skills (Howard, 1991; Preli & Bernard, 1993). Likewise, the multicultural perspective encourages a diverse and complex perspective.

Cultural issues. The postmodern influence also shows itself in terms of understanding cultural issues in relative terms rather than normative (healthy versus unhealthy) terms. Precedence is given to the narratives—the stories—clients tell about themselves and others in efforts to make sense of their worlds (Gergen & Gergen, 1984, 1986; Howard, 1991; Penn, 1991; Sarbin, 1986; Sluzki, 1992; White & Epston, 1990). Such narrative approaches to therapy help clients sort through their experiences and develop their own definitions of the meaning of experiences and events in their lives. Much the same, the multicultural perspective allows for more than one answer to a problem and for more than one way to arrive at a solution.

Therapist's stance. The therapist's stance in the postmodern approach is not so much that of expert who takes charge of the session and sets goals for therapy, but more that of a learner who sidelines what they know and collaborates with clients in constructing new narratives and deconstructing old ones. This stance is also known as the "not-knowing" approach (Anderson & Goolishian, 1992). Not-knowing means the therapist does not have access to privileged information. The therapist can never fully understand another person. The therapist always needs to know more about what has been said or what is not-known. There is a humility about what one thinks one knows (Anderson & Goolishian, 1992; Scarr, 1985). This means that understandings based on modern, traditional theories of counseling are transformed from absolute truths into tentative conceptualizations. Along these same lines, the multicultural perspective is not limited to traditional culture-bound theories of counseling. There is a clear recognition that a failure to understand or accept another world view can have detrimental consequences.

Therapist's role. The social constructionist perspective in therapy tends to eschew the role of the therapist as a coach, teacher, choreographer or director in the session. Rather, a participant observer role is preferred, with the therapist serving as a consultant who converses with the client about the problems which brought the client into therapy (Anderson & Goolishian, 1988). Similarly, the multicultural perspective is cognizant of the complex and dynamic nature of cultural influences, which allows for a myriad of identities to evolve within clients who seek to change their life's narrative. However, we also realize that some culturally different clients will want us to be the expert at times, but this is not a role we perform at all times.

Goals of therapy. Whereas the modernist world view would state that therapeutic goals are dictated by one's theory, the postmodernist world view advocates the development of a client narrative that is most helpful for the client. With narrative psychology, therapy becomes a process of re-storying—restoration. Likewise, the multicultural perspective asserts that no one theory of counseling is appropriate for all clients and situations, and uses methods and defines goals consistent with the life experiences and cultural values of the client.

Treatment. Instead of treating underlying character flaws or behavioral deficits that create symptoms, the social constructionist approach does not view the existence of "real problems" in the modernist sense, only the presence of problems that people describe (Anderson & Goolishian, 1988). The therapist maintains a sense of curiosity and interest, determining with the client the range of options and possibilities which exist in any given situ-

culturally learned expectations and values. Within-group differences are acknowledged as significant.

Conclusion

We believe that the concepts of multiculturalism and pluralism, when integrated with social constructionism, blend into an effective combination. We do not reject outright the use of traditional therapy approaches that are modified to apply to culturally different populations. We would be untrue to our social constructionist model if we did not believe that a number of therapeutic understandings work for some culturally different clients. Yet, even traditional therapy approaches in modified form may not be meaningful for some culturally different clients, and our use of any traditional techniques is motivated more by conviction in their relative utility than their objective validity. As the multicultural movement in counseling advocates for multiple perspectives, thus the social constructionist movement in psychology advocates for multiple understandings (O'Hara & Anderson, 1991, p. 25). With our culturally different clients, we negotiate and we seek to arrive at a viable, alternative narrative that works for them.

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EXPLORING MULTICULTURAL DYNAMICS IN EXPERIENTIAL GROUPS

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Despite the increasing emphasis on culture and context in the training of psychologists, relatively little attention has been focused on cultural issues as they relate to group dynamics. The relevant literature consists of a few articles on managing (Adler, 1986; Alderfer, 1986; Alderfer & Smith, 1982; Anderson, 1983) and conducting therapy with (Bilides, 1991; Hurdle, 1991) multi-cultural groups. While relevant practical training could potentially include the use of experiential learning groups (McCollom & Gillette, 1990), theory development about such groups is currently inadequate to guide clinicians and educators in the use of these groups for training in the cultural aspects of multiethnic and multinational group dynamics.

The purpose of this paper is to begin to integrate developments in the study of intercultural interaction with theories of social dynamics and intervention processes in experiential groups to help practitioners to recognize and manage multicultural group dynamics. The definition of culture most appropriate for this purpose is that which Guthrie and Hall (1981) adopted for the bilingual classroom, "a form of communication with learned and shared, explicit and implicit rules of perceiving, believing, evaluating and acting" (p. 5).

Below, the extant literature on multicultural groups, including experiential groups, will be critically reviewed. Then, developments in the field of intercultural face-to-face interaction and ethnographic sense-making will be integrated with theory on experiential group dynamics using two case examples. The first case example will illustrate how face-to-face interaction in groups creates multicultural group dynamics. The second example will show the limitations of current intervention theories, and how these should be modified in multicultural groups.

The case examples are drawn from the first author's graduate course in group dynamics, which included a ten-week experiential learning group. The participant task in experiential learning groups is to examine collective dynamics as they occur in real time for the purpose of learning about individual behavior and group level processes. The learning process is facilitated by a consultant whose own presence and social actions are included in the analysis. The course was taught using an adapted version of a group-on-group design described by Van Steenberg & Gillette (1984), in which two small groups took alternate turns examining their own social processes while the other group observed. Seventeen students participated in the course. The examples are taken from the small group in which the eight participants and the consultant were from nine different ethno-cultural backgrounds. The consultant in this case was the instructor for the course, a Cuban-American woman.

Multicultural Groups

Until the last decade, culturally diverse groups did not receive much scholarly attention. International management scholars now recognize the advantages and disadvantages of cultural diversity, citing ways in which diversity should be managed to increase work group effectiveness (Adler, 1986). The social group work literature also portrays culture as a powerful force shaping group processes

(Bilides, 1991; Hurdle, 1991). Multicultural counseling groups have been found to replicate societal patterns in microcosm (e.g.. stereotypic member roles and related interethnic dynamics) and therefore generate different experiences for individuals from different ethnic groups. These groups can provide a forum for the exploration of cross-cultural dynamics, including biases and prejudices, and for practice in cross-cultural communication and relationship building among diverse group members. Therapeutic effectiveness is believed to partially depend on the clinician's awareness of his/her own cultural "values" in such groups.

The assumptions underlying the above strategies for managing multicultural groups can be criticized on several grounds. First, these strategies have limited cultural validity because they are based on individualistic values such as "the honest and direct sharing of feelings about other people" (p.66) and the idea that interpersonal relationships can be viewed as "transactions" (Hofstede, 1991). These ideas are considered inappropriate by members of collectivist cultures who tend to view interpersonal relationships as morally based, valuing interpersonal harmony and face saving at the expense of honesty and directness (Hofstede, 1984).

Second, some cultural values and norms are considered tacit and outside individuals' immediate awareness (Agar, 1986; Erickson, 1985; Erickson & Shultz, 1982; Gumperz, 1982a; Hall, 1976), making examination of intercultural face-to-face interaction processes difficult. Third, the literature on multicultural groups lacks a theory to explain why dynamics in these groups often replicate societal dynamics in microcosm. Thus, the contribution of these literatures to the understanding of multicultural dynamics in experiential groups is limited.

Embedded intergroup theory (Alderfer, 1986; Smith and Berg, 1987), has been used to conceptualize multicultural dynamics in experiential learning groups. This theory posits that organizations are open systems comprised of organizational groups (i.e., groups defined to conduct the work of the organization) and identity groups (i.e., groups defined by shared cultural or biological characteristics). Patterns of interaction derived from identity groups and organizational groups are viewed as reciprocally influential in organizations. Individuals are viewed as "carriers" of patterns of behavior, feeling and frames of meaning from one group setting to another and therefore as representatives of the groups they carry to members of their own and other groups. Thus, social systems at the level of the individual, group and organization become "infected" with the interaction patterns of the sub and suprasystem levels. In this way groups become partial microcosms of their intergroup contexts.

According to McCollom & Gillette (1990), within this intergroup perspective, experiential learning groups are viewed as distinct open systems (Katz & Kahn, 1978) whose characteristics as social entities are determined by the collective conscious and unconscious experiences of their members (Miller & Rice, 1967) and by the social forces operating in the external contexts in which they are embedded. Embedded intergroup theory can account at an abstract level for the importation of social dynamics into the experiential learning group that originate outside that group. Within this perspective, however, there is no specific theory of the face-to-face interaction process itself to facilitate understanding of the peculiar dynamics that occur within groups when the individual participants are from a variety of cultural groups.

Multicultural Group Dynamics

In order to explain how multicultural group dynamics are created, the process of face-to-face interaction must be examined. Like all face-to-face interaction, experiential learning groups can be viewed as partially bounded encounters (Goffman, 1961). That is, they are social situations in which there are appropriate foci for attention. In the case of the experiential learning group, the appropriate focus is the "here and now" behavior of the participants. That focus creates an attentional frame or boundary that distinguishes the group sessions from the social contexts in which they are embedded. However, this attentional frame is only partial because aspects of the outside world, to which participants are not supposed to attend, "leak" into the encounter (i.e., the attention of the experiential group) through the communication process. Thus, certain aspects of the social identity of the partici-

pants, defined outside the group, are communicated to the group through both the verbal content of communication and through nonverbal aspects of the ways in which things are said. For example, pitch, tempo, gesture, and clothing communicate to group members who a speaker or listener might become in that group as well as what the person is saying. It is through the actual interaction process, that the individuals "carry" their suprasystem dynamics into the experiential learning group and thus create a partial microcosm of the intergroup relations in which the group is embedded. Multicultural dynamics, then, can be said to arise when members of more than two cultural groups enact their habitual face-to-face interaction patterns in groups, in which those patterns are not shared by other group members.

Interethnic communication researchers have found that many subtle ethnic differences in the patterning of communication signals across verbal and nonverbal channels cause breakdowns in communication between persons of different ethnic groups (Jupp, Roberts & Cook-Gumperz, 1982). Interpersonal interactions, in which the parties are members of different ethnic groups, consistently develop peculiar problems due to different systems of conversational inference and different cues for signaling speech actions and intentions (Gumperz, 1982a; 1982b). Such systematic miscommunication patterns elicit confusion and/or irritation, are rarely recognized by the parties involved, and are usually attributed to personality conflicts or ethnic stereotypes (Gumperz, 1982a; 1982b; Tannen, 1984).

In microethnographic studies of face-to-face interaction, Erickson & Shultz (1982) found that: (a) speakers and listeners coordinate the production of oral discourse on a moment to moment basis by "signaling" the next appropriate action to their conversational partner while simultaneously "interpreting" other's signals regarding what to do next, (b) individual reasoning processes regarding the verbal and nonverbal cues for the generation and interpretation of speaking and listening behavior are culturally patterned and largely unconscious and, (c) culturally different frameworks for the conduct of appropriate speaking and listening behavior predict interactional coordination difficulties but not conversational outcomes.

Based on this work, Erickson (1985) has begun to develop a model of speaker-hearer interaction processes as they occur in real time. The model presents a useful way of thinking about interaction in general and cross-cultural interaction in particular that is applicable to multicultural group dynamics. From this perspective on interaction, speaking and listening are both considered to be "speech production" as well as "speech reception" activities and therefore mutually influential or reciprocally causal processes. A case example may serve to illustrate how face-to-face interaction processes theoretically create multicultural dynamics.

Case Example 1: Cultural Differences and Group Processes

Fifteen minutes into the first experiential learning group session, the participants were involved in a discussion about how to get to know each other in this "structureless" situation. B, an Italian American woman, suggested that they reveal something innocuous about themselves such as their favorite food or song. E, a French woman, responded that she did not wish to do this.

Following this exchange, several minutes of discussion took place among the American subgroup about the pros and cons of following B's suggestion. After noticing that the two European participants had been quiet throughout the entire discussion, L1, an American man with Peace Corps experience said,

> [T]here's a question that comes to my mind if there's some kind of cultural thing to this and . . . Is it E, and O? Maybe you feel differently about this just being from a different culture because I've been in situations where Americans tend to be real brash and forward and they will talk about their feelings. You know, you sit next to an American on a plane and they'll tell you about their divorce, and in other cultures my sense is they don't do that as much and I think that affects the dynamic here.

E responded,

> Yes, I've been feeling extremely uncomfortable hearing people talk about how they feel. I have feelings, but I don't have to share them with people I don't know! That's why when you [B] suggest to speak . . . I have to say what I like, I feel, "Ah no, I don't want to say that! Why should they know what kind of things I like or what kind of . . . Well maybe sometime I will tell you, but not the first time I meet you." . . . and so what I will do, I don't know. I will have to learn a new culture.

In this example, E's interpretation of French protocol for initial relationship building strategies does not include revealing personal preferences and feelings. As a speaker, B's retrospective interpretation of other's initial discomfort cues in the group was correct. The members indeed confirmed that they had been feeling uncomfortable. However, B's prospective interpretation of how her listening audience would interpret her suggestion (i.e., as a means of reducing anxiety) was only partially correct in this multicultural group. For the American subgroup B's suggested disclosure was unanimously interpreted as innocuous. However, B's suggestion, her attempt at repairing the discomfort in the group, actually increased the level of discomfort for the French participant, E. Within E's cultural framework, expressing personal preferences (e.g. food, music), was not an "innocuous" disclosure, but rather an inappropriate demand in that social situation. L1's framing of initial social participation differences in cultural terms validated the legitimacy of different culturally based strategies of conducting interaction in the group. Once these were acknowledged, it became possible to examine the consequences of the differences. These included a temporary division in which a silent European subgroup watched while the American subgroup discussed ways of making themselves more comfortable within the experiential group context.

Further, once E described her conception of appropriate behavior, she was able to address how she could deal with her cultural habits in this setting. She would "learn a new culture." Interestingly, this was an apt metaphor for the issue with which the members were collectively struggling, i.e., the question of how to proceed within the unfamiliar social structure of an experiential learning group. By suggesting that she could "learn a new culture," E was not only making a statement about her own intention to participate; she was also communicating to the two subgroups in her audience that all the participants were in the same boat of having to learn the new experiential group culture. Shortly after this, the other initially silent European participant, O, in the group began to disclose his own initial reaction to the group, such that the division between Europeans and Americans disappeared during the ensuing topic of conversation.

In this example, aspects of social identity are moved in and out of the experiential group boundary through the interaction process itself. From this perspective, one can understand **how** experiential learning groups become partial microcosms of the intergroup relationships in which they are embedded. Further, since participants verbalize unconscious or at least private aspects of social interaction processes in experiential groups, it is clear that these are ideal settings for studying cross-cultural interaction processes, individuals' culturally based frameworks for the interpretation of social actions, and peculiar group level dynamics that develop in multicultural settings.

Intervention in Multicultural Group Dynamics

Alderfer (1990) states that competent experiential learning group consultants must have a background in theories that can help members to make sense of the events that take place in these groups. In addition, the competent consultant must have previous emotional experiences with experiential group processes to be able to empathize with participant experiences and to help participants manage their emotional experiences in these groups. These criteria for consultant competence are insufficient for the task of consulting to the multicultural experiential learning group from the integrated perspective on multicultural dynamics presented above.

First, organizational theories, including theories of group dynamics, are culturally bound (Boyacigiller & Adler, 1991; Laurent, 1983; Hofstede, 1984; 1991; Triandis, 1984). Therefore, the singular use of prevalent theories can lead a consultant to view the interactional processes of culturally different participants in individual rather than cultural terms and then either ethnocentrically (mis)interpret these processes or leave crucial cross-cultural interactions unexplored.

Secondly, empathy is defined differently from an interactional perspective than it is from a psychological theory perspective. Erickson and Shultz (1982) found that empathy was partly co-created in an "interactional ecosystem" in which accurate ongoing interpretation of speaking and listening cues generated feelings of being "in sync" or "emotionally with" an interactional partner. In other words, empathy is not merely an individual psychological capacity. From an interactional perspective, the development of empathy and rapport partly depends on social collaboration in the coordination of the interactional process on a moment to moment basis. This requires overlapping knowledge frameworks for the interpretation of speaking and listening cues, or a partially shared communication culture. If research findings on interethnic communication generalize to experiential group consultants, empathy is much more likely to develop between participants and consultants who share cultural frameworks for the interpretation of communication cues.

According to Alderfer (1990), consultants use their emotional and intellectual resources to develop a coherent understanding of group interaction patterns as they occur. Once they see a pattern, an indication that the social interaction processes have evoked a theoretical conceptualization, they decide whether or not describing that pattern to group members will help them to learn. If so, they intervene by offering an interpretation for collective examination.

Like the perspective of Bilides (1991) and Hurdle (1991), this view of intervention presumes the consultant an expert at reading interactional cues and making sense of the interactions that develop in the group. Yet, this is not likely in a multicultural setting in which none or few of the participants share the cultural background(s) in which the consultant has developed interactional competence. The process of competent intervention in these settings is better characterized as mediation than as expert interpretation.

Mediation is a term used by ethnographers to show how human behavior in one cultural group make sense from the point of view of another. Agar (1986) describes ethnography as "a process of 'mediating frames of meaning' (Giddens, 1976). . . . The nature of the mediation will depend on the nature of the traditions [individual resources for interpreting or making sense of experience] that are in contact during fieldwork." (p. 19). Intervention in multicultural group dynamics can be understood largely as process of mediating frames of meaning, in this case those of the consultant and the culturally diverse participants.

The task of mediation "requires an intensive personal involvement . . . an improvisational style to meet situations not of the researcher's making, and an ability to learn from a long series of mistakes" (Agar, 1986, p. 13). Such involvement requires that the consultant adopt collaborative learning stance vis-à-vis the participants. This stance is quite different from the authoritative position of presenting group level interpretations for examination, and changes the authority dynamics in the group. However, multiple cultural frameworks for viewing authority dynamics could be explored instead. Multicultural experiential learning groups, then, can be distinguished from their culturally homogeneous counterparts by the relatively greater opportunity that they provide to explore collaborative learning and problematic communication processes.

Agar's (1986) description of the process of developing ethnographic understanding provides a useful guide for viewing how a consultant might develop an interpretation of multicultural dynamics as they develop in an experiential learning group. First, the consultant might encounter a "breakdown" in his/her understanding of a set of social actions. In other words, the consultant notices a difference among the members' frameworks for making sense of social actions in the group. Once

such differences become visible, the consultant would begin to raise a series of questions aimed at illuminating the different participant perspectives on the interactional processes in the group. On the basis of the answers, the consultant would iteratively modify his/ her interpretive schema and/or construct a new schema for understanding those differences until a "coherent" collective understanding of the multicultural dynamics was achieved. In this way, the emerging aspects of social participation processes not previously noticed by participants would be made visible.

The consultant's responsibilities include damage control among participants as well as the facilitation of learning. For example, a consultant might intervene in order to prevent harm to a participant (e.g., scapegoating). In multicultural groups, however, this requires consultants to withhold or question automatic, "common sense" judgments about and affective reactions towards participants on a moment to moment basis. If a consultant cannot do this, he/she co-creates the types of interactional problems that s/he is attempting to illuminate or repair. According to Erickson (1985), such interactional 'troubles' are best resolved by analyzing the dialectical organization of the speaking and listening behaviors in the interaction before making "clinical inferences" about the meaning of either party's separate behaviors. It is this task of withholding judgment that may be the hardest for clinicians who have spent many years refining their ability to use intuitions and emotional reactions as tools for interpreting client communications.

To learn to read culturally different cues of speech signals and intentions in face-to-face interaction, the consultant must be able to scrutinize his or her own listening behaviors in the moments when a conversational partner is noticed to be producing odd speech. The reverse situation of learning to read culturally different listening cues requires the capacity to examine one's own speech behavior when one's conversational partner is exhibiting odd listening behavior.

In the experiential learning group, this public examination of the consultant's part of the conversational steering processes in the group publicly exposes the cultural limits of understanding and behavioral options inherent in the consultant's cultural background and training. To develop clinical skills in the analysis of cross-cultural interactions, these critical reflection skills must be practiced in actual intercultural interaction situations in groups. From this perspective, competent intervention in multicultural experiential learning groups can only be learned through practice in multicultural groups assisted by theories that specifically address multicultural group processes. The following case example illustrates the problems of intervening in multicultural group dynamics without explicitly attending to conversational steering processes across cultural groups.

Case Example 2. When Cross-Cultural Intervention Fails: Faulty Interpretation

Early in the fifth experiential group session, a Jewish American male participant, L1, suggested that the men in the group had been setting the agenda by talking a lot and allowing little opportunity for the women to speak. L1 asked the women if they shared this perspective on the dynamics in the group. L2, an American Indian female participant responded,

> Well, since you're inviting the conversation, I'd like to start. I wanted to uhm follow-up on something F [a black male participant] was talking about a little earlier [topic of black-white relations] . . . just that sense of looking for role models. There are no role models [she describes her previous nonverbal communication to C, an Anglo-American man, during a previous discussion of gender in the group] . . . and as far as role models outside this classroom or outside this program, you know, I feel there is a great sense of strength for American Indian women because there are women that are the chieftains of their tribes and the strengths that we carry within our culture and our individual tribes, uh, is pretty magnificent, and so I don't really relate socially in any other context, as far as gender, other than how I was brought up and what I've experienced [pauses for response and gets none]. Uh, and this is

> something that I've been observing for a while within our group, the differences in other peoples' attitudes and, uhm, I was just waiting. I mean that's my sense, "You don't really put yourself out there. You are to be humble and not to be looked at as someone who will offend other people necessarily, unless you're backed into a corner and you need to defend yourself" . . . and, uhm, [again pauses for response and gets none] I've waited for a while and so when I heard F talking it just made me think about that whole dynamic and my own perspective.

Noting the total lack of comprehension in the facial expressions of the other group members, the consultant asked,

> Consultant: You mean how you've been . . .
>
> L2: How I've been socialized, uhm hum.
>
> Consultant: And what does that mean?
>
> L2: and how I've been feeling within this group too... that I have different values, strong values, and different attitudes than I feel other people within the group have that I've heard. I mean I can only be how I am within my own value system.
>
> L1: Can you be more specific? I mean what kind of values?
>
> L2: Well, just like what I was talking about . . .

This example illustrates a discourse style with which the Cuban American consultant and the other participants were unfamiliar. L2's interweaving of topics, including what sounded, in rhythm and tone, like poetic recitations interspersed with the speaker's own thoughts and feelings (e.g., "You don't really put yourself out there, you are to be humble . . .") followed a cultural logic that was difficult for her audience to comprehend. Secondly, L2 paused in several conversational locations that were not interpreted as appropriate places for responses by her audience, but as a speaker, L2 was signaling to her audience with those pauses that she expected a listening response.

Through retrospective analysis, it became clear that L2 was explaining her interaction strategies vis-à-vis other members in the group. These were "respectful silence" and "patience" with the White Americans' need to explore issues of sexism in the group with which she did not identify. Yet, the relationship between her reactions to L1's initial question about sexism was not immediately comprehensible to her audience. The inability of the other participants to read her interactional signals resulted in silence during her pauses and the collective creation of a monologue.

When the consultant read the silence of L2's audience as an indication of lack of comprehension and intervened by asking her to clarify her feelings, L2 simply elaborated her feelings about each of the points that she had just made. She assumed that the logic of how these points were related was as intuitively obvious to her audience as they were to her. This further confused the audience since the logic of how these topics were connected for the speaker made no immediate sense to them. L2 later confirmed that she had (mis)interpreted the confused silence of her audience as a lack of interest in her emotional reactions to and cultural perspective on the relationships in the group.

The cross-cultural interaction perspective described above can explain why the consultant's intervention was **not** successful in helping participants to recognize the multicultural group dynamics in which they were embroiled. The intervention did not work because it did not make public the consultant's "breakdown" in communicative sense-making about speaker-audience interactions (e.g., the inability to interpret the meaning of L2's "poetic recitations"). A more useful intervention for illuminating the multicultural dynamics would have acknowledged **both** the participant's attempt to communicate her cultural framework for interpreting cross-gender relationships in the group **and** the comprehension difficulty that her audience, including the consultant, was experiencing. Such an intervention might have helped participants to examine their roles as speakers and listeners in the cross-

cultural communication process as it was occurring.

Conclusions

Experiential learning groups offer a method of teaching participants about multicultural dynamics. Yet, neither clinical nor organization behavior theories are sufficient to conceptualize multicultural group dynamics or intervention. An integration of cross-cultural interaction and intergroup relations theories is needed. From this integrated theoretical perspective, the consulting task requires a collaborative learning stance vis-à-vis the participants, public scrutiny of listening and speaking behaviors, including those of the consultant, and the ability to bracket and question intuitive clinical judgments derived from cross-cultural interaction processes.

Experience with culturally homogeneous groups is not sufficient to prepare consultants to manage the types of dynamics that arise in multicultural groups. Relevant practice and the use of videotapes in conjunction with culture-specific readings about interactional style is a necessary part of learning to recognize and manage multicultural group dynamics.

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INCORPORATING ETHNICALLY DIVERSE CONTENT AND TRAINING INTO PREDOMINANTLY WHITE GRADUATE AND PROFESSIONAL PROGRAMS: DEALING WITH INERTIA AND RESISTANCE[1]

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Over the last several decades there have been significant changes in the number and distribution of ethnic populations, changes in immigration and migration patterns, and changes in ethnic population characteristics that have significant implications for the training of mental health service practitioners who will work with these populations (Aponte & Crouch, in press). It is predicted that persons of ethnic status will constitute one third of the United States population by the turn of the century and almost half of the population by the year 2050.[2] These changes have not left a single corner of this country unaffected. It will be incumbent upon all graduate and professional programs in the mental health disciplines, and psychology in particular, to incorporate ethnically diverse content and training into their programs.

Recently there has been increased attention directed at the education and training of psychologists to work with ethnic groups. A number of national training conferences have underscored the importance of training psychologists to work with these populations (American Psychological Association, 1987; Bourg, Bent, McHolland, & Stricker, 1989; Stricker, Davis-Russell, Duran, Hammond, McHolland, Polite, & Vaughn, 1990). These conferences have strongly recommended that curriculum content devoted to ethnic groups be increased, and such efforts have been supported by the American Psychological Association (Aponte, 1992).

Despite this increased attention, the number of ethnic doctoral recipients and the amount of ethnic content in graduate and professional programs has not changed dramatically over the years (Bernal & Padilla, 1982; Pion, Bramblett, Wicherski, & Stapp, 1985). This paper will focus on one aspect of this problem: the inertia and resistance to incorporating ethnic content and training into graduate and professional programs in PREDOMINANTLY White institutions. A process involving three steps by which such inertia and resistance can be addressed will be described. These steps are: (1) an analysis of the forces and barriers to incorporating ethnic content into training programs in educational institutions; (2) a delineation of ethnic education and training models and methods; and (3) matching of the education and training models and methods to the identified barriers.

Barriers to Implementing Ethnic Content and Training into Programs

An analysis of the barriers to implementing ethnic content into graduate and professional programs can be organized into several independent yet interlocking levels. These levels include: (1) societal and community level; (2) institutional (i.e., university or college in which the psychology training program is housed) and departmental or program level (i.e., where the actual clinical, counseling or school psychology training occurs); (3) individual level, that is, instructional level through which an understanding of knowledge about skills in working with ethnic groups is imparted to graduate students. A discussion of each of these levels follows.

Societal/Community Level Barriers

The societal level appears to be far removed from the day-to-day course offerings and training

to work with ethnic groups. However, it can be argued that the economic and political climate can have a direct impact on ethnic group members. James Jones (1985) has pointed out how the Reagan Administration budget cuts have had a detrimental impact on training support for ethnic groups. In addition, during times of shrinking academic budgets competition for limited economic resources tends to amplify both fears of things different and peoples' attraction to the familiar (Hemstone & Jaspars, 1982; Park & Rothbart, 1982; Wilder & Thompson, 1980). In such times, universities, colleges, departments, and programs find themselves in either a status quo or a retrenchment mode.

In such economically or politically restrictive times, beliefs, attitudes, and actions, rather than being supportive of ethnic groups, have been directed against them, in some cases resulting in the rolling back or undermining of the civil rights gains of the 1960s and 1970s. When strong interest and incentives (both positive and negative) for addressing ethnic issues wane at the societal and national level, the effect eventually trickles down to the university level. Strong positive incentives are often necessary to ensure implementation of required changes in universities, departments, and programs (Casas, 1985). Restrictive beliefs and attitudes can result in a negative climate for the inclusion of ethnic issues in curricula and can contribute to the declining ethnic enrollment in psychology programs (Wyatt & Parham, 1985).

Institutional/Departmental/Program Level Barriers

Universities and colleges can mirror the prevailing values, beliefs, and attitudes of society and the community in which they reside. The values and attitudes of the institution will be reflected in the standards, policies, and procedures utilized by these institutions. The criterion used, efforts made, and successes achieved by institutions to recruit ethnic faculty and graduate students will influence the climate for offering courses on cultural diversity within these institutions. Artificial barriers such as the use of Graduate Record Examination (GRE) cut-off scores that have little relationship to successful graduate school performance hamper progress in this area (Casas, 1985). Procedures, such as charging excessive application fees, can make it difficult for ethnic minority students to apply to graduate school.

Departments and programs often times reflect the climate and environment of the universities and colleges of which they are a part. Departments and programs are important in that they make decisions that will have a direct impact on ethnic group members and the training of psychology graduate students to work with ethnic groups. Departments and programs make decisions regarding the: (1) recruitment, promotion, and tenure of ethnic faculty; (2) recruitment, retention, and graduation of ethnic students, and (3) content and training experiences provided. It is at the program level that the general climate and openness to ethnicity and cultural diversity is reflected in each of these decisions.

Ethnic faculty continue to be under-represented in psychology departments in PREDOMINANTLY White universities, with little change having occurred in the percentage of ethnic faculty over the last decade. Those departments and programs who have faculty from ethnic groups often assign these faculty to teach the "cultural diversity" course. These administrative and curriculum decisions will have the impact of encapsulating the diversity course and exposing students to limited content and role models in the area even if it is a required course. Oftentimes the "cultural diversity" course is not required and those students who might benefit from the course do not take it.

Individual Level Barriers

At the individual level a number of forces are present that can also have an impact at the previously mentioned levels. From the field of social psychology it is known that people operate in social situations to maintain their misguided and distorted views of people. The work of Festinger (1957) regarding cognitive dissonance and Sweeney and Gruber's (1985) work on selective avoiding and exposure is germane to this discussion. Such research has demonstrated that people will tend to seek information that will confirm their

current world view and tend to actively avoid information potentially at odds with this view, especially where controversial and sensitive issues are involved (Bodenhavsen & Wyer, 1985; Fisk & Taylor, 1984). Such processes clearly can be operative in maintaining racist attitudes.

When curricula are built into training programs, the content may ignore the cultural heritage of ethnic groups, depict them as inferior, powerless, passive, and unmotivated, and present them as experiencing a plethora of moral, social, and psychological problems (Evans, 1985; King, Moody, Thompson, & Bennett, 1983). The strengths inherent in ethnic families may be minimized or completely disregarded, with the White nuclear family being held up as the standard of comparison. Ethnic groups may be presented as homogeneous without recognizing the vast differences that may exist in the backgrounds, experiences, and psychological make-up that exists across and within groups (Wong, Kim, Sue, & Tanaka, 1981).

Education and Training Models and Methods

J. M. Bennett (1986) has identified several models for cross-cultural training that are relevant to the types of education and training that can be used to incorporate ethnically diverse content and training into graduate and professional programs. According to Bennett, cross-cultural training can be divided into three broad models: Orientation, Training, and Education, with each model having a different focus, content, and process. For example, the process for the Orientation model would be intellectual, that of the Training model experiential, and the Education model a combination of intellectual and experiential. These models provide a framework for using specific education and training strategies.

Specific education and training strategies for working with ethnic groups have been identified by scholars in the field (Copeland, 1982; LaFromboise & Foster, 1992). These strategies can be divided into six categories: (1) culture specific events, such as presentations and colloquia on ethnicity; (2) workshops, involving 1-3 day training experiences on ethnicity; (3) interdisciplinary approaches, which consists of taking courses in other related disciplines; (4) separate courses, designed to cover ethnicity issues; (5) area of concentration approach, in which a variety of didactic courses and practicum experiences in working with ethnic groups is provided; and (6) integration approach, in which content and experiences on ethnicity are imbedded in all core courses.

Each of these specific education and training strategies can be grouped under the three models identified by J. M. Bennett (1986). For example, the culture specific events can be placed in the Orientation model, the workshop approach in the Training model, and the area of concentration under the Education model. Each strategy varies in its focus, content, and process. Of particular importance is the process component, that is, how much of the process is intellectual, experiential, or a combination of the two. Too often, the emphasis is placed on content—and this not even being presented well—in predominantly White graduate and professional schools. Training programs need to have a balance of content and experiential learnings.

Matching of Education and Training Models and Methods to Barriers

Each of the previously described levels present unique sets of barriers, and each potentially has an impact on the other. The beliefs, attitudes and actions at a national and community level can have direct impact on the mandates, regulations, and funding of ethnic programs, curriculum, faculty, and students. As Casas (1985) has noted, these mandates, regulations, and funding can serve as mechanisms for implementing changes by providing incentives, as well as sanctions, to universities, departments and programs. Therefore, psychology, as a discipline, clearly needs to direct some of its attention to the national and community levels in order to assure that ethnic issues are viewed and treated as important.

In order to develop and incorporate ethnically diverse content and training into graduate and professional programs, it is necessary to identify how institutions/departments/programs, and individuals who

constitute these entities, regard and behave toward ethnic groups. Such an analysis will assist in deciding which education and training models and methods fit best with the situational context and faculty within a program. Such efforts would require tapping into existing curriculum planning and development entities within the program, or the creation of such a group if it does not currently exist.

M. J. Bennett (1986) has proposed an approach to training for intercultural sensitivity that can be useful at the program and individual levels. He identified six stages (Denial, Defense, Minimization, Acceptance, Adaptation, and Integration) which vary on a developmental continuum from ethnocentric to ethnorelativistic stages. These stages reflect how individuals view ethnic groups. Those individuals, for example, who are at the Defensive stage would note differences between ethnic groups and Whites, denigrate ethnic groups, and assume a culturally superior position. Those at the Adaptation stage would accept the differences between ethnic groups and Whites and adapt one's thinking and behavior to these differences.

Implementation of ethnically diverse content and training into programs would thus involve identifying which stage of the ethnocentric-ethnorelativistic continuum a program and its faculty are located. Those programs that are at the Denial, Defense, Minimization end of the continuum would lend themselves to utilizing culture specific events and interdisciplinary approaches to training (Copeland, 1982; LaFromboise & Foster, 1992). On the other hand, those programs which are at the Acceptance, Adaptation, and Integration stages could utilize area of concentration and integration approaches. Movement from one end of the continuum to the other could be facilitated by intellectual and experiential efforts around ethnicity directed at the program and its faculty.

The matching of education and training models and methods to barriers is an attempt to increase the likelihood of successfully implementing ethnically diverse content and training into training programs. It does not assume that these barriers are static; ongoing efforts need to be directed at eliminating or minimizing these barriers. Direct efforts to change the negative beliefs, attitudes, and actions of programs and faculty toward ethnic groups also need to be addressed. Such changes cannot be achieved unless there is a critical mass of ethnic faculty and graduate students within training programs. This cannot be achieved without addressing the issues of recruitment and promotion of ethnic faculty and the recruitment and retention of ethnic graduate students.

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Footnotes

[1]Appreciation is expressed to Dr. Catherine E. Aponte for her helpful comments on this paper.

[2]Within this paper ethnic groups refers to African Americans (Blacks), Hispanics (Latinos), Asian Americans, and American Indians.

HOW CAN WHITE COUNSELORS HELP WHITE CLIENTS WITH RACIAL ISSUES?

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Introduction

Recognition of the need for Whites to deal with racial issues has been slow in capturing the attention of researchers and practitioners. The literature of the 1970s focused on White racism (Comer, 1972; Hunter, 1972), but updated versions and refinements of these efforts are not visible today. Nevertheless, a major concept found acceptance, if not popularity or application, and was reinforced in Bowser and Hunt's (1981) and others' work: racism was seen to have negative effects on those who oppressed, as well as those who were oppressed. Training and counseling groups to reduce racism in Whites were developed and utilized in the 1970s (e.g., Katz, 1978; Karp, 1981) for Whites seeking self-improvement. However, no general movement of acceptance or incorporation into the literature and practice of counseling has followed.

A major development occurred in the mid-1980s when two theorists, Hardiman (cited in Helms, 1990) at the University of Massachusetts and Helms (1984) at the University of Maryland, independently developed stage models of White racial identity development. It should be noted that Katz (1978) presented her White awareness training as progressing through specific stages of development, although she did not conceptualize a racial identity continuum as did both Helms and Hardiman. Dalpes (1992) has demonstrated the use of Hardiman's developmental model in a one-session anti-racism workshop for Whites.

Helms (1990) also developed an interaction model that predicts effects when counselor and client are at different stages of racial identity development. In addition, Helms and Carter (1990) developed an instrument to measure attitudes associated with different stages of White racial identity development (the WRIAS); and a number of studies using the instrument and supporting the stage model and interaction model have been completed (e.g., Carter, 1990a and 1990b).

Table 1
Goals in Working with White Clients' Racial Issues*

1. Increase the client's awareness of his/her biases.
2. Increase the client's awareness of world views of others.
3. Promote the client's development of culturally appropriate styles of understanding and relating to others, i.e., help the client become a multiculturally skilled citizen in a pluralistic society.
4. Develop one or more specific objectives, preferably with the involvement of the client, that are operationalized forms of the above goals, expressed in terms of the client's situation and needs.

*Goals 1-3 are adapted from Sue, Arredondo, & Parham, 1992.

Table 2
Assessing White Clients With Racial Issues

From Helms's Racial Identity Development Theory:

1. Is the client aware of the issue as a racial one, or at least as an issue with racial overtones?
2. What is the client's affect around the racial issue, race and racial difference, etc.? How is the affect expressed?
3. What is the client's posture toward race and racial differences? (Naive/ignorant; minimizing/denial; overt/covert assumption of White superiority; respect for/appreciation of racial differences)
4. How aware of present-day forms of racism is the client? (Naive; denial; minimizing; aware of racism as personal, cultural, or institutional forms)
5. Has a "critical incident" occurred, and if so, how is the client processing it?

From Bennett's Developmental Model for Intercultural Training:

6. What is the client's assumption about world view? (Assumes White view is American view is universal view; assumes White view is superior although other views do exist; appreciates that other views are profoundly different ways of organizing reality)

General question:

7. How salient is the issue to the client, i.e., is the client likely to be willing to put some energy into working with it?

However, research focusing on White racial issues in individual counseling is just beginning. A search of the literature over the past 5 years located no articles investigating the handling of White clients' racial issues in counseling and found only one exploratory study of process effects (in simulations) related to White clients' racial issues (Carter, 1990a). Two recent discussions of racism and prejudice did mention individual counseling as treatment options for Whites (Ponterotto, 1991; Skillings & Dobbins, 1991). However, these brief mentions present little detail and no empirical information about such use of counseling.

At the same time, another study (Ochs, in press) indicated that White clients are raising racial issues in counseling and suggested that White counselors have generally not been trained to work with these issues, with many experiencing concerns about doing so. Another part of this study (Ochs, 1992) demonstrated relationships between White counselors' racial identity attitudes and their responses to a case vignette of a White client with a racial issue. The counselors' answers were grouped into three categories, and only one seemed likely to enhance the White client's multicultural growth.

The increasing pluralism of the country is unlikely to produce a lessening of White racial issues. In light of such needs, the authors have developed an approach to White racial issues for individual counseling, drawing on their own experience in multicultural teaching and counseling, and extrapolating from appropriate theory and related work. Tables 1-4 list goals, assessment questions, treatment approaches, and practical procedures that are believed relevant to working with White clients with racial issues; Table 5 outlines a pragmatic rationale for White multicultural development; and Table 6 describes some manifestations of White racial issues.

Rationale for Engaging White Racial Issues in Counseling

Helms (1990) observes that Whites will generally opt out of problematic (for them) interracial environments and notes that racial identity movement is likely to occur only when critical incidents (unavoidably) instigate change. Dalpes (1992) recognizes the hardheaded pragmatic nature of White culture and uses a cost benefit sheet for Whites to evaluate racism. Similarly, the White counselor balances the decision to engage or not engage the

Table 3
Proposal for Basic Method of Treatment

Overall: Focus on fostering the client's development of racial identity and respect for others' racial identity, and promote development of multicultural skills.

1. **Cognitive work**: Education about White cultural values, others' racial values and history; identification of continuing racism: acceptance that we still have a problem. Incorporate material from local community, news media, magazines, and movies (cf. Katz, 1978).
2. **Affective work**: Build personal self-esteem. Foster ability to define being White and pride in White values and accomplishments as worthwhile (not superior). Support the client through the grieving process that occurs when White privilege and racism is confronted (Sue et al., 1992). Acknowledge anger, guilt, fear, and hostility and, if the client is receptive, elicit the related cognitive distortions (Sue et al., 1992).
3. **Responsibility and empowerment**: Lead client to actions he/she can engage in to increase knowledge and understanding of our pluralistic society, viewpoints of other racial groups, etc.; use behavior modification principles (shaping, reinforcement) and teach client to self-monitor, self-reinforce. Help the client to understand appropriate ways of responding to his/her particular racial issue. Use role plays.
4. **Make use of White values in this work:** Strong values of fairness and justice, cognitive rather than affective strengths; desire to be seen as "in the know"; desire for power (having multicultural skills is more powerful than not knowing what to do).
5. **Be careful not to jump to levels of complexity or significance that the client is not ready for** (Bennett, 1986). For example, not all clients are receptive to looking at their cognitive distortions or defenses; this is probably workable only after self-esteem and positive racial identity have some strength—and the counseling relationship is warmly established (cf. Clarke, 1991).
6. **Avoid head-on clashes**: Angry denial is noisy and argumentative and argumentation is not a form of therapy. One way to preempt the overt Reintegration client may be to explain the stages of racial identity development (cf. Bennett, 1986). Another possibility to be explored might be paradoxical assignments (e.g., a role play in which the client is to be a lawyer arguing a case for affirmative action).
7. **Gauge how far you can go with your client**: Can I help this client grow? Will I have to be satisfied with just planting some seeds for future growth (a better metaphor might be the grit of sand in an oyster)? Or am I limited to just refusing to validate a client's racist attitudes and/or actions?

White client's racial issue. Unless the counselor solidly believes that the client benefits from engaging the issue, the temptation to not hear and not respond may win. Even though Whites highly value justice and fairness, the White counselor may not feel secure with these two qualities because of defensive feelings of righteousness. Those feelings which are deeply enmeshed in White individuals may lead them to view others as "worse" than themselves. When a White counselor uses this approach, he or she is clearly counselor rather than client-oriented. The only workable and ethically permissible approach is one that advocates for the client. The White counselor, therefore, must believe that multicultural growth is a genuine benefit for the client. The adaptive citizen in today's American society has multicultural skills, i.e., social skills that are adaptive to all American groups. To develop such skills, however, the White client must give up the notion of entitlement to a position of privilege in exchange for a position of participation. If the White counselor is unclear about the pragmatic rationale for promoting White clients' multicultural growth, he or she will be more easily confounded in attempts to help White clients with racial issues.

Defining White Racial Issues

White identity prior to giving up racism is characterized by notions of superiority and advantage over non-Whites (see Helms, 1990, p. 49). Anything that is perceived to threaten such superiority or advantage therefore is more than a momentary threat to the individual's White identity. The per-

Table 4
Practical Procedures

1. Get the racial concern out in the open. Ask questions; use displacement techniques ("many Whites feel uncomfortable when they are outnumbered by Blacks"); communicate that it is not racist to talk about race.
2. Explain development of racial identity. Helping a person see him/herself (and others) as moving through stages of growth helps free the individual from overburdening guilt.
3. Ferret out how your client is threatened by other races and plan your treatment to help the client through this.
4. Be prepared for personal challenges, attempts to push your buttons, and forms of resistance (cf. Sue et al., 1992). Since the client can choose not to return, we cannot force the issue but we can be inviting, supportive, and outspoken by praising the client's willingness to engage the subject. We can also be a model of positive racial identity and comfort with Americans of cultures and races different from our own. This requires personal work, but if we do not do it, we will not be able to be genuine and congruent with our clients.
5. Be alert to counter transference issues. Many Whites deal with their racial prejudice by angrily pointing at those more obviously bigoted than themselves, or by decreeing that any mention of race is racist. White counselors have been socialized in the same beliefs that White clients have; they are just as vulnerable to racial issues.

son's self-perceived superiority is threatened. Thus a working definition of White racial issues may be stated as follows: A White client has a racial issue when his or her position of privilege, concretely or psychologically, is perceived as threatened by the presence and/or actions of non-Whites.

Theoretical Frame of Reference

Helms's and Hardiman's stage models of racial identity development provide counselors with two critical aids: (a) a guide to appropriate directions of healthy growth and (b) a guide for assessing the client's White identity. Furthermore, Helms states that the development of a positive racial identity is incompatible with the retention of racist attitudes, a conclusion shared by others, such as Dalpes (1992), who works with Hardiman's model, and Bennett (1986), who discusses intercultural training.

Stage models are also a guide in selecting interventions to which a client is developmentally receptive. For example, the appropriateness of specific activities for particular stages of racial identity development is outlined by Sabnani et al. (1992) in terms of Ponterotto's stage model for White counseling trainees, while Bennett discusses appropriate interventions in terms of intercultural trainees' cognitive readiness. Bennett contends that premature presentation of materials or concepts may cause regression. Sabnani et al., however, suggest that cycling back through earlier stages can be expected, at least in a training context.

Models of racial identity development and basic human development (cognitive and emotional) both need consideration in selecting appropriate interventions. Ponterotto's (1991) discussion of developmental considerations is a useful analysis for the counselor working with children and adolescents.

Other Useful Sources

One of the more detailed compilations of White cultural components and White attitudes related to racism has been presented by Dalpes (1992) in an educational design for adult groups. Carter and Helms (1990) investigated White value orientations and identified values, gender, and racial identity at-

Table 5
A Pragmatic Rationale for White Multicultural Development

Underlying all racial issues for Whites is the "Great White Assumption": only what is White *really* counts, although it is important to pay lip service to diversity (e.g., we need "Tex," a Native American and a Jew from Brooklyn).

1. The "Great White Assumption" is insidious because Whites are so often unaware that they are operating by it.
2. The "Great White Assumption" is the ultimate expression of White privilege.
3. White privilege cannot be recognized without looking honestly at the positions of other racial groups. Whites are extremely adept at not doing this (denial). White individualism makes it easier to not see the positions of other racial groups by attributing everything to individual strengths or weaknesses. At the same time, Whites have no problem putting down a whole group because a few successful members "prove" that the others could make if they *really* wanted.
4. White denial is not given up easily. If a fact is recognized and accepted, then all its implications must be dealt with, so it is easier to sidestep the fact. With White culture's high intellectual values, Whites are superbly equipped to organize their thinking to support their denial and prevent cognitive dissonance.
5. Whites pay a price for maintaining denial. As our country becomes increasingly pluralistic, Whites are more frequently exposed to dissonance-creating facts, and more White creative energies are required to maintain the denial of White privilege. Furthermore, the most powerful White values—justice and fairness—are squarely on the side of facing and dealing with the truth .
6. The White position of privilege in the U.S. will erode, as other racial groups of Americans come into their own if by no other route than by force of numbers. Coming to terms with this change is a major task now confronting White culture.
7. If Whites wish to remain a permanent vital influence in this country, it is their turn to learn to accommodate other vital American groups.

As counselors, we are in a position to support and promote this positive development and growth for Whites. The task will not be easy, and we shall work against enormous resistance and denial.

titudes as critical factors to consider when counseling Whites.

Skillings and Dobbins' (1991) description of racism as a disease is particularly relevant to Helms's Reintegration stage, but unfortunately does not incorporate either Helms's or Hardiman's developmental models. Skillings and Dobbins do, however, recommend Clark's (1991) approach to defense mechanisms as an appropriate intervention for treating racism in Whites. Both Helms and Bennett suggest that defenses are the basic obstacles counselors face when helping Whites move toward multicultural growth.

Sue, Arredondo, and Parham's (1992) discussion of resistance encountered in White counseling trainees has been the richest source of ideas encountered in this search. Their goals for multicultural training have been used here as the general goals for counseling a White client with a racial issue. They draw attention to the internal and external dimensions involved in helping a White client (trainee) move forward. They describe the affective reactions in terms of Kubler-Ross's stages of grief, and they cite cognitive distortions that can be approached via Rational Emotive Therapy. They also discuss the trainer's (therapist's) need to be aware of his/her own issues and to work through them. It might mean that counselors need to be trained in multicultural counseling. In his description of a developmental model, similar to Helms' but specifically relevant for counselors, Ponterotto (1988) hypothesized that the students who took his multicultural counseling course were likely to move

Table 6
Manifestations of White Racial Issues

Problems attributed to "them":

Anger, hostility, fear greatly out of proportion to events involving individuals of other races.

Ritual putting down of other races (I bolster my self-esteem by putting down what is different from myself).

Color blindness (elaborate form of denial).

Unwillingness to acknowledge abilities and contributions by other races or members of other races.

Discrepancies between cognitions and affect on racial subjects.

Attacks on affirmative action.

Expressions of the "Great White Assumption" ("All humans who count are Whites") are often quite subtle, to Whites at least.

From Sue, Arredondo, & Parham, 1992:

Bringing up other forms of oppression ("So what? Women get discriminated against all the time").

Expressions of guilt (allows avoiding and escaping the issue).

Expressions of helplessness (compare to Whites' usual approach!).

Expressions of nonconcern ("None of my business, I have too many other important concerns").

Expressions of defensiveness ("Don't blame me, I've got Black friends").

Expressions of fear ("In 20 years we'll be outnumbered!").

through the stages of racial development with the course acting as a catalyst.

Finally, Helms's interaction model serves to reinforce Sue et al.'s point that trainers and therapists must work on their own development. Helms theorizes that therapists can be helpful to clients only if they are further advanced than clients in their own racial identity development. This point is implicit in Bennett's discussion of intercultural training, too.

Research Questions

Since so little research on White racial issues has been carried out, a necessary starting point is probably the collection of case studies in quantity. Evaluation of such studies will enable researchers to begin formulating counseling approaches from actual counseling work, rather than from extrapolations of other areas of multicultural concerns.

Developmental models and Helms's interaction model provide theoretical guidance for investigating counseling process and outcomes, as well as for evaluating case studies. The pragmatic question of most interest to practitioners, of course, is what interventions help what clients with what issues at what stage of racial identity development.

Practical Concerns

The salient practical questions facing the development of this area of counseling are the following: 1) obtaining supervision for counseling with White racial issues; 2) sustaining energy to engage these issues even without collegial support; 3) finding ways to network with other professionals concerned about White multicultural development; and 4) getting support and cooperation in conducting the needed research. Perhaps the most significant concern is obtaining the attention of White professionals as a whole. This is important

because White racial issues may arise in any counseling context and specialization in this area seems unlikely; that is, it would seem a necessity that every White counselor needs to be prepared to promote the multicultural development of any White client.

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ESTABLISHING CREDIBILITY AMONG ASIAN-AMERICAN STUDENT POPULATIONS: GUIDELINES FOR UNIVERSITY COUNSELING CENTERS[1]

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It was argued that university counseling centers have an important role to play in facilitating college adjustment for Asian-American student populations. An evaluation of the problems faced by Asian-American student populations revealed a variety of issues including a belief that universities do not provide equitable resources for Asian-Americanss, racism on campus, problems within and between ethnic groups, difficulties with family, bicultural issues and marginality, and resentment of the "model minority" label. Methods for how a university counseling center can generate a perception of being a credible help-provider were described. These methods included discussions with student leaders, conducting a needs assessment, and developing a means of maintaining an established dialogue with the Asian-American student community.

The college experience for many Asian-Americans is far from positive. Until recently, many major universities in the United States engaged in a quota system that barred many qualified Asian applicants from college (Biemiller, 1986; Moore, 1989). Once admitted to a university, many Asian-American students find the college environment filled with hostility and overt acts of racism against Asians (Greene, 1987a), and often believe universities are not providing them with equitable institutional services (Greene, 1987b). The institutional racism and acts of overt racism against Asians are not just a characteristic of college campuses but occur at all levels of American society (Sue & Sue, 1989).

In order for university counseling centers to be in a position to make the college experience more positive for Asian-American student populations, counseling centers must generate a perception among these students of being a credible source of support. While this credibility is achieved in part by the quality of counseling services offered (i.e., staff capable of working with Asian-Americans), Sue and Zane (1987) argued that to be effective in serving Asian-American college student populations, the counseling center as an institution must also be perceived as a credible source of help-provision. The goal of this article is to: (1) describe experiences of Asian-American students in order to provide some insight into the range of issues with which they are concerned, and (2) propose a strategy for university counseling centers to develop credibility among Asian-American student populations. The remainder of this article is divided into two parts. The first part describes findings related to the problems Asian-Americans are experiencing at college. It is our belief that establishing credibility must include an accurate evaluation of the problems facing Asian-American students. The second part describes a plan of action for establishing credibility. While it is expected that these recommendations may be generally applicable to other institutions of higher education or community

mental health centers, the present focus is upon university counseling centers.

Establishing Credibility Must Begin with Understanding the Problems

Information about the problems faced by Asian-American college students is an essential prerequisite for university counseling centers to develop an effective service delivery system. Recently, studies have begun looking at the problems faced by Asian-American college students (Gim, Atkinson, & Whiteley, 1991; Solberg, Ritsma, Davis, Tata, & Jolly, in press). However, the quantitative assessment strategies used in these studies provide students with the range of problems they "ought" to have, and it is not clear whether these measures actually address the full range of actual problems these students face. In order to develop a more adequate understanding of their problems, Asian-American college students were encouraged to provide written comments regarding their experiences at college as part of a larger survey investigating Asian-American student problems and help-seeking (Solberg, 1993). As a result, a total of 136 written responses were gathered from 709 students who responded to a survey. A complete description of this larger study and sample is available in Solberg et al. (in press).

As a preliminary analysis for the purposes of these proceedings, the second author categorized the 136 responses and found that over 50% of the respondents addressed issues related to problems faced by Asian-American college students. These problem areas were further divided into 13 areas and are summarized, including written examples, in Table 1 on the following pages. The problem area receiving the most responses was a feeling among Asian-American students that the university provides them with less financial resources and support services than other racial/minority groups on campus. Racism and discrimination was the second highest reported problem. Other problem areas included difficulties within one's own ethnic group, culture clashes with family, not feeling a fit with any group, difficulties due to being "Americanized," problems between Asian groups, interpersonal social problems, biculturalism, dating, and resentment of the "model minority" label.

In sum, Asian-American college students reported a wide range of problems and issues. To follow up on exploring these written responses, we met with Asian-American student leaders about these issues (reported in Solberg, 1993). Student leaders confirmed that the two most important problems perceived by Asian-American students are the lack of equitable financial support services and racism.

Establishing Credibility Among Asian-Americans Student Populations

University counseling centers are in a unique position to provide many of the support services needed to help Asian-Americans deal effectively with the problems they experience. In order to be viewed as adequate help-providers, however, Asian-Americans must trust that the counseling center understands their issues and can provide the support necessary to develop solutions to their difficulties. While individual therapy services are one means of providing support, other avenues include group counseling, outreach, and consultation services. Stone and Archer (1990) have argued that university counseling centers must respond to the changing needs of the student populations by developing outreach and programming services that meet the needs of the larger student populations. Primary and secondary prevention strategies must be employed if the university climate for Asian-Americans is going to be affected. Below is a proposal outlining the prerequisites necessary for making change, and the types of actions university counseling centers can take to build credibility as a source of help-provision among Asian-Americans student populations.

Prerequisites for Change. A four-step process for establishing credibility is described below that involves connecting with community leaders, facilitating staff development, conducting a needs assessment, and generating strategies for maintaining an on-going communication with Asian-American student populations. In order for these activities to occur there are a number of prereq-

Table 1

Sources of Asian-American Student Problems

Issue	Responses			
	Percent	Number	Synopsis	Sample Responses
1. Inequities between Asian and other minority groups on campus	23%	17	Resent that there is less financial aid for Asians than for other minority groups on campus.	"I feel that sometimes Asian-Americans are overlooked when it comes time to award financial gifts to aid in payment of education. It seems that Asian-Americans are often neglected in University policy and that all of the minority attention is paid to other ethnic groups." "I've gone to Minority Student Affairs, but I've always felt that was just for Black & Hispanic students. It seems that the services that are aimed toward helping out Blacks and Hispanics are more plentiful and more students are aware of these services."
2. Racism/discrimination	12%	9	Experiences of racist attitudes and acts in classes, dorms, and social situations.	"My roommate and her friends were bombarded with racial slurs as they crossed the street two months ago. There are so many times when I've walked down the street and had people imitate the Chinese language. It is very difficult to be attacked by racism, and even worse without any support from this University." "My race doesn't really affect me academically; however, in social situations, it is always a factor. Others have problems looking past my race, and looking at me as an individual. Because of this, I find myself not going out on weekends and gradually withdrawing from any social functions where I know I'll be indirectly discriminated against because of my ethnic background."
3. Problems not due to ethnicity	12%	9	Academic, social, and family issues were cited as primary problem sources.	"My biggest problem is not doing well in school and having poor study habits because I'm a slow reader. I don't think this has anything to do with my nationality/ethnic origin."
4. Problems with own ethnic group	12%	9	Some students felt difficulty relating to members of their own ethnic group or with the Asian-American student organizations.	"When I'm with people from another race, I feel at ease. When I'm with other Asians, I feel as if I'm being scrutinized. Coming from a family that spends a lot of its time with other Filipinos, I know how they act and I don't like it."

Table 1 (continued)

Issue	Responses			
	Percent	Number	Synopsis	Sample Responses
5. No problems	12%	9	Many students identified no problems due to their ethnicity or otherwise.	"I don't feel any inferiority or discrimination due to my ethnic background. I think I am treated the same as everybody else."
6. Culture clash with family	5%	4	Difficulties in balancing parent's culture with "American" culture.	"Another major problem in many Asian families is being brought up in Asian culture by parents and living in American culture. These two cultures clash and cause many dysfunctional Asian families because parents don't understand our right to question them."
7. Don't fit in with either Asian or Caucasian groups or strain from being with both groups	5%	4	Feeling marginal with respect to fitting in to any group.	"Although I'm very Americanized, I have problems feeling close to Anglo girlfriends. I don't share many of the childhood experiences and attitudes they had. I never get set up or asked to double date. The real problem is that I don't really fit in anywhere. I'm not Chinese enough to hang with all Chinese kids."
8. Difficulty with own group because Americanized	4%	3	Difficulty with own group because of involvement with non-Asians.	"Because most of my friends are of various non-Asian descents, the organized Asian community sees me as a deserter."
9. Problems between Asian ethnic groups	4%	3	Discrimination or rejection of one Asian ethnic group by members of another.	"I tried calling myself an Asian-American only to be corrected by other students of Indian, Chinese, Japanese, and Korean descent who informed me that I'm Indian-American, not Asian-American."
10. Interpersonal/social problems	4%	3	Interpersonal difficulties making it difficult to relate to any group.	"As with some other Asian groups (I'm Indian), I'm somewhat self-effacing by nature and upbringing. This has led, in retrospect, to a problem in finding a group, clique, etc., although the University is so large. I'm getting lost in it and nobody notices."
11. Bicultural status	3%	2	Difficulty in identifying with either racial/ethnic heritage.	"I am half Asian and half Caucasian. I have trouble identifying with a certain race or ethnicity. In a world which can be so racially segregated, I often think that bicultural people need counseling programs the most."

Table 1 (continued)

Issue	Responses			
	Percent	Number	Synopsis	Sample Responses
12. Dating	3%	2	Difficulties with meeting and dating individuals from own ethnic group.	"Sometimes I feel I could not go out with a woman of a different race and there aren't that many women of my own race on campus."
13. Resent model minority label	3%	2	Others' expectations for Asian-Americans to succeed results in differential treatment.	"I wish people didn't see us as the model minority because I feel extremely burdened to succeed. I wish people wouldn't generalize that all Asians are smart, because we're not. We just work hard, that's all! I feel also that professors seem to have higher expectations. They seem to grade us more severely."

uisites. First, having staff who are of Asian-American descent is helpful in generating credibility, but not essential. It is helpful because having someone who bridges both the help-provider culture and some of the Asian cultures can aid in communication. However, having representatives from Asian cultures as staff will not in itself create the staff environment necessary for establishing credibility. Unless a large percentage of counseling center staff value the need to develop culturally appropriate services for Asian-Americans populations, any efforts by one or two individuals will ultimately fail.

Commitment to developing effective help-provider services for Asian-American student populations does demand a financial commitment as well. In addition to a shared commitment among staff, gaining credibility among Asian populations demands that the counseling center director provides the necessary resources (e.g., financial, space, and time), and staff release time needed to engage in the activities described below.

Connecting with Community Leaders. The first step in establishing credibility is to invite student leaders from various Asian-American populations to talk about the issues facing Asian populations. Once identified, the first goal is to develop a dialogue with these leaders about how the counseling center can meet the needs of Asian-American students. This dialogue can be facilitated by having an informal question and answer period between the leaders and staff, and it is important that the Asian-American and Asian leaders are provided with an agenda prior to the meeting. If there are specific questions staff would like the leaders to address, participants should be provided with the questions in advance of the meeting. Furnishing questions prior to the meeting also provides leaders with tangible evidence regarding the purpose of the meeting and the rationale for their involvement. If the leaders are going to serve as consultants to the counseling center, they should be financially compensated for their time (e.g., financial and/or refreshments).

Facilitating Staff Development. The feedback received by the student leaders should provide an understanding of just how much work needs to be done by the counseling center. If the staff members feel they need additional information about working with Asian-American student populations, then an in-service training is warranted. Through in-service training, staff is able to develop the skills and receive the information necessary to provide effective services with Asian-American student populations. In addition, outreach programming efforts need to be developed that target where services will be offered and the types of services which will be made available. Workshops, small group discussions, and even dissemination of multilingual information are a few of the many options that need to be explored.

Needs Assessment. Once a self-examination is completed, an important second step towards developing credibility is conducting a needs assessment. A needs assessment is a process by which the center can determine the issues confronting the Asian-American student populations, as well as possible outreach strategies. Methods for conducting a needs assessment vary and having Asian-American student leaders as part of the assessment team is vital. Student leaders will be able to evaluate the protocols and questions to be used in the study. Qualitative information in the form of structured interviews provides a good means of gathering information but can be difficult to summarize. Quantitative methods may provide good summary information but it is difficult to know whether the questions asked actually address the important issues experienced by the population studied. It is best to use a combination of quantitative and qualitative methods. For example, interviewing a small sample of individuals may provide the information from which to develop a quantitative survey.

Providing the financial and staff resources necessary to conduct a thorough needs assessment communicates commitment on the part of the counseling center to understand the Asian-American students' needs. It is equally important that the services of the Asian-American student leaders are used in the interpretation of the results. Having student leaders involved in interpreting the data increases the likelihood of cultural sensitivity and the promotion of understanding for both students and counseling center staff. As a final step in the needs

assessment, information about the results and how the results are being incorporated into the counseling center model of help-provision must be disseminated to the general Asian-American student population. While individual counseling may be an important form of service delivery, the needs assessment may indicate that outreach services, group counseling, and empowerment of other service departments within the university (e.g., residence hall managers) may be an important source of help-provision as well.

Institutionalizing the Dialogue. The final step in establishing credibility is that the communication and dialogue between the counseling center and the Asian-American student populations must become a part of the counseling center activities. Institutionalized communication in the form of newsletters and annual or semiannual meetings maintains an open dialogue between the counseling center and students. Newsletters provide a continuing update about what the center is doing regarding the concerns of Asian-American student populations and provides a source through which Asian-Americans can communicate directly with each other about problems they may encounter.

Conclusion

Asian-American students are experiencing difficulties in relating to the university as an institution, and are experiencing hostility and racism by other students. In order to serve as a resource for helping Asian-American student populations, university counseling centers must develop ascribed credibility. To develop ascribed credibility, university counseling centers must: (1) enlist support and consultation from Asian-American student leaders in order to open a dialogue with the Asian-American student community, and begin a self-examination of the quality of their current service delivery; (2) conduct in-service training in order for staff members to develop the knowledge and skill base necessary to be effective with Asian-American student populations; (3) conduct a needs assessment in order to understand the issues and help-seeking preferences of their university's Asian-American students; and (4) in order for credibility to continue, institutionalize a dialogue between the counseling center and Asian-American student populations through newsletters and periodic gatherings. However, all of these activities are predicated upon there being a counseling center staff who value both the need to address these issues and the development of outreach and prevention services necessary to meet the needs of Asian-American student populations.

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Footnote

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LANGUAGE SKILLS IN THE COUNSELING ENVIRONMENT

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Language is an important means of transmitting information including beliefs and cultural traditions, and is a source of both pride and ethnic identity for minority groups in the United States. Unfortunately, language is sometimes a barrier in communication, and is an aspect of the counseling setting that can influence the treatment of bilingual or monolingual speakers. This paper explores the role of language within the therapeutic setting and outlines the available research on working with bilingual clients. Based on this review, a framework for developing treatment interventions for use with bilingual patients is presented in the second paper in this symposium.

Language and Communication

Atkinson, Morten, and Sue (1989) outlined three factors that influence the effective treatment of minority clients (see also Sue & Sue, 1977). These factors are presented in Table 1. A primary factor that influences treatment outcomes is language, as language is the principal mechanism through which patients as well as therapists communicate their feelings and beliefs in a counseling session. Counseling involves the sending and receiving of both verbal and nonverbal messages. Although language is a central aspect in the counseling relationship, very little attention has been directed to the need to develop modes of therapy that are compatible with the cultural beliefs of minority clients. Counselors who are members of the majority and who are not familiar with the specific culture of minority clients are often unaware of the fact that a client's behavior may be interpreted in different ways in the two cultures. What might be deemed appropriate in one culture may be totally inappropriate in another culture (Wilson & Calhoun, 1974). The problems related to cultural and language differences are particularly relevant to the treatment of Hispanic patients.

The Hispanic population has become the fastest growing ethnic group in the United States. An estimated 22.4 million Americans are of Hispanic origin. It is estimated that this group will continue to increase from 9% to 15% of the population by the year 2020. Hispanic Americans subgroups, in order of population size, include Mexican Americans, Puerto Rican Americans, Cuban Americans,

Table 1

Barriers to Effective Communication in the Counseling Setting

Barrier	Effect
1. Language Differences	A mismatch in therapist/client language skills can produce misperceptions of the client's thoughts and beliefs
2. Class Values	A mismatch in therapist/client socioeconomic class can produce negative assessments of clients' attitudes and values
3. Cultural Values	A mismatch in therapist/client cultural beliefs can result in counselors imposing their own beliefs and customs on minority clients

Central and South Americans, and Americans of other Hispanic origins (Dana, 1993). Although Hispanics are a heterogeneous group, both racially and culturally diverse, knowledge of the Spanish language is a common characteristic among individuals. Hispanics in the United States view themselves as both bilingual and bicultural, and they generally maintain some aspects of their Spanish heritage in their daily lives (Marcos, 1982). For example, the vast majority of first-generation Cuban Americans speak Spanish as their main language, and typically, they teach their children Spanish (Altarriba, in press). Spanish remains as the dominant language spoken in Cuban-American homes, and this is true for both Puerto Rican Americans and Mexican Americans (Dillard, 1987).

Counseling the Bilingual Client

Cultural sensitivity implies understanding an individual's social values, beliefs, and customs and understanding the language in which these factors are expressed. A culturally sensitive treatment mode involves a set of assumptions that are consistent with the patient's value structure (Rodriguez-Gomez & Caban, 1992; Rogler, Malgady, Costantino, & Blumenthal, 1987; Szapocznik, Scopetta, & King, 1978). Therefore, a client's language background (bilingual and monolingual Spanish-speaking) should be considered as a device for therapeutic intervention. Marcos (1988) notes, " . . .a frame of reference applicable to the Anglo-American patient cannot be equally appropriate for the evaluation of behaviors and psychodynamics of Hispanic patients who are substantially affected by having to communicate across the cultural as well as the language barriers" (p. 37).

A careful review of the counseling literature revealed several approaches to the use of language in treating bilingual clients (see Table 2). The research that has been conducted concerning each of the language treatment modes outlined in Table 2 will be reviewed in turn below.

Use of the Dominant/Non-Dominant Language

It is generally common practice among psychiatrists and counselors to conduct interviews in English, if the client is able to communicate at all in that language. However, if a client is bilingual and is more fluent in a language other than English, the counselor must decide which language to use when conducting treatment sessions.

One alternative is to conduct the interview in the client's dominant language with an appropriately trained counselor, a counselor who is also a native speaker of that language, or an interpreter. How-

Table 2
Approaches Used in the Treatment of Bilingual (Spanish-English) and Monolingual (Spanish-Speaking) Clients (Listed in Order from Most Used to Least Used)

Client's Language Background	Language Treatment Mode
Spanish-English bilingual, dominant in Spanish	1. English 2. English with interpreters or translators 3. Spanish 4. Switching between Spanish and English
Spanish-English bilingual, dominant in English	1. English 2. Spanish 3. Switching between Spanish and English
Spanish-English bilingual, fluent in both languages	1. Typically in English 2. Switching between Spanish and English

ever, the results concerning the use of the dominant language as the primary language of communication in counseling are equivocal. Studies indicated that clients or patients were more likely to appear obviously psychotic during an interview that was held in their first or more dominant language (Spanish) (Del Castillo, 1970; Gonzalez, 1978; Price & Cuellar, 1981). When interviews were conducted in English, the patients showed fewer overt psychotic symptoms. The researchers argued that this pattern was logical given the fact that patients had a limited vocabulary in their non-dominant language for the expression of emotion.

In contrast, other researchers have shown that Spanish-American schizophrenic patients disclose more psychopathology when interviewed in their non-dominant language (English) than their dominant language (Spanish) (Marcos, Alpert, Urcuyo, & Kesselman, 1973). Patients who were interviewed in English were described as having greater psychopathology than when they were interviewed in their native language. Subjects' mean scores on the Brief Psychiatric Rating Scale (BPRS) were higher in English than in Spanish for the following categories: tension, depressed mood, hostility, anxiety, emotional withdrawal, and somatic concern. These patients often spoke slowly and paused frequently, appearing to exhibit characteristics attributed to depressed individuals, or denoting a defensive reluctance to communicate. The patients' speech patterns were merely a result of shifts in language usage (see also Marcos, 1988). Other vocal cues such as tone, rate, and inflection can also be misinterpreted when clients communicate in their non-dominant language (Sue, 1990).

It is possible that these findings differed from those reported above due to a difference in fluency or language proficiency of both the patients and the raters conducting the interviews. It is quite possible that subjects in the first case knew very little English and were perceived as being more withdrawn. The subjects in the second case were more fluent in English and perhaps their misuse of the English language during the English interview caused the raters' misperception of more psychopathology in English. The accurate assessment of language proficiency of both interviewers and patients is thus essential in the proper treatment of bilingual clients.

Interpreters are often used to evaluate degree of psychopathology in bilingual patients. When interpreters are used they are typically individuals who have knowledge of the languages involved, but are not highly trained in the actual process of translation (Marcos, 1979). Very often, family members or staff members at a hospital or clinic are called upon to serve as interpreters. Problems arise when interpreters feel that this task is an imposition. An interpreters' attitude can affect the quality of his or her translation, and interpreters may produce distortions that could lead to the negative assessment of a client's mental health. If relatives are used, they often answer the questions for the patients rather than communicating the question to them. Lay interpreters may lack the necessary translation skills or clinical knowledge to be able to accurately describe the patient's mood or affect. In summary, an interpreter should be well trained in the languages being used as well as how to distinguish between what the patient is saying and the way that information is being said (Marcos, 1979).

Additional research showed that Hispanic clients felt more understood and expressed greater willingness to continue treatment if an interpreter was used during their sessions rather than having sessions conducted in the non-dominant language (Kline, Acosta, Austin, & Johnson, 1980). However, the addition of a third person to a therapy session generally interferes with the therapeutic alliance.[1] Issues of confidentiality might also create problems in therapy. Patients may also feel uncomfortable because of the extra time needed to perform the translation. Thus, interpreters can best be used when a psychological evaluation is conducted with a client who is not proficient in English, and in therapy, a counselor well versed in the client's language may be preferred (however, see Acosta and Cristo, 1981).

Conclusions. In general, the findings suggest that emotion-laden words or experiences are usually better expressed in the dominant or native language, and that the non-dominant language can be used to express thoughts or beliefs that are not connected to emotions. Cognitive research on the representation of language in bilinguals confirms this idea (cf., Jin, 1990). Emotion-laden words are sometimes abstract and language-specific and do not translate as easily as concrete nouns or object names. In the area of counseling, the use of only one language during therapy may render certain emotional experiences unavailable for treatment (Javier, 1989; Marcos & Alpert, 1976). Given this analysis, it appears that another approach to the problem of language use in counseling is to incorporate both languages into the client's session. This option will be explored below.

Language Switching

A final alternative in the treatment of bilinguals is the use of both languages during therapy. The patient and client are able to choose which language is most effective for communicating certain beliefs and ideas. This procedure allows the hysterical patient, for example, to verbalize emotionally charged material in the non-dominant language without displaying all of the accompanying emotions (Marcos & Urcuyo, 1979; Pitta, Marcos, & Alpert, 1978; Wolman, 1970). Use of the non-dominant language can allow the patient to gain distance from certain emotions and profit from the use of specific coping mechanisms. Painful information can be isolated from the affect associated with it in the native language (Rozensky & Gomez, 1983). Switching to the non-dominant language can help to objectify difficult issues in therapy.

Unfortunately, problems can arise when patients switch languages in an attempt to repress memories that are particularly painful. Talking about "painful" events without the affect is often not curative and can result in "emotional avoidance" by which psychopathology is often maintained.[2] Thus, the practice of language switching must be controlled in order to effectively access necessary information in the appropriate language context (Rozensky & Gomez, 1983; Sciarra & Ponterotto, 1991). Language switching has been successfully used with Mexican Americans and other Hispanic individuals who have no particular language preference (Valdez, 1991).

Language Mixing. An added benefit of incorporating language switching into a treatment modality is that "language mixing" can occur. Members of the younger generations of Hispanic Americans may be fluent speakers of Spanish, but have typically received some education in English schools. These Hispanics often mix the two languages into a blend referred to as "Spanglish." Spanglish is quite often accepted as a norm among Hispanic youths, and it is a way of reflecting a combination of their heritage and their English surroundings (Boswell & Curtis, 1983). In Spanglish, phrases or words in a single sentence are combined from Spanish and English to form a new linguistic device. For example, it would not be uncommon to hear someone say, "Que tengas un nice day." A problem with the emergence of this new language is that proficiency in Spanish becomes somewhat limited to its functional usage.

Nevertheless, if a bilingual approach to therapy is being used, and the patient feels free to switch between languages, then if a patient starts a sentence in one language, he or she can change languages within that sentence if certain words seem more meaningful in the alternate language. Language mixing provides for more freedom for a patient to choose exactly the right words for expression, regardless of the language in which those words exist. Unfortunately, the notion of language mixing as described here has never been documented in the counseling literature nor has empirical evidence been gathered on its frequency of usage in the counseling setting.

Discussion

The major findings regarding the use of a bilingual's dominant language, non-dominant language, or both languages in the counseling setting are summarized in Table 3. Clearly, a bilingual approach that incorporates the positive aspects of using both the dominant and non dominant languages can potentially lead to better outcomes in therapy. Future research should be aimed at sys-

Table 3
Major Findings Regarding the Use of Language in the Treatment of Bilingual Clients

Language Treatment Mode	General Findings
Treatment in the dominant language	+ Patients can use a broader vocabulary + Speech production is facilitated + Language-specific information can be easily communicated - Might inhibit subjects from discussing painful events
Treatment in the non-dominant language	+ Allows subjects to discuss painful events - Vocabulary is limited - Speech production is impaired - Depth of the pragmatics/nuances of the second language is lacking
Treatment in both languages	+ Patients can use a broader vocabulary + Speech production is facilitated + Language-specific information can be easily communicated + Allows subjects to discuss painful events + Language mixing is possible

tematically investigating the effectiveness of bilingual therapy.

Cultural factors such as degree of acculturation, customs, attitudes, and beliefs should also be considered in the evaluation and development of treatment programs for Hispanic individuals. These cultural factors are important in designing specific treatment plans for individual cases. The process of acculturation greatly affects language usage, language preferences and ease or difficulty of communication (Casas & Vasquez, 1989; Ponterotto, 1987; Zuniga, 1991).

In summary, communication skills are a primary factor in the effectiveness of clinical interventions with bilingual clients. A language barrier that exists between the counselor and the client can hinder the formation of a good counseling relationship. Considering the emphasis in some theories of psychopathology on verbal communication it is surprising that the role of language in the assessment of psychopathology has received very little experimental attention. The review presented here underscores the importance of language and cultural values in the therapeutic setting and in the areas of cross-cultural training in counseling and research.

Footnotes

[1]Personal communication from Edelgard Wulfert, Department of Psychology, State University of New York, Albany, New York.

[2]Personal communication from Edelgard Wulfert, Department of Psychology, State University of New York, Albany, New York.

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COUNSELING AMERICAN INDIANS

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This article summarizes some of the most important concerns related to the counseling of American Indians and provides suggestions on how Anglo counselors can better serve this population. Traditional American Indian concepts of health and disorder are reviewed, and applications of traditional beliefs to contemporary counseling practice are discussed. Typical expectations of Indian clients are described, as are considerations regarding conducting the initial interview. Many practical suggestions for conducting counseling with American Indian clients are offered.

It is estimated that there are now over 1.5 million American Indians, and the population is growing steadily. There are 505 federally recognized tribal entities, and an additional 365 state recognized tribes and bands. There are 304 federal Indian reservations and over 200 tribal languages are spoken today (Bureau of Indian Affairs, 1988). Most counselors will, at some time, have the opportunity to provide counseling services to American Indians. Some counselors who live in the American West, particularly on or near reservations, serve primarily Indians, but practical issues about serving members of this ethnic group are rarely addressed in the professional literature.

As the statistics suggest, the American Indian population is extremely varied, and it is difficult to make general recommendations which apply to all Indians. Not only do various tribes differ greatly from each other, but any one individual may differ greatly from other members of the same tribe (Attneave, 1982). A variable mentioned frequently is the degree of acculturation of an individual to mainstream Anglo society. The continuum stretches from the traditionally-based individual born and reared on a reservation to the Indian reared in Anglo society who may feel minimal identification with a tribe. The majority of American Indians are probably between the two extremes.

The danger of making recommendations about how an Anglo counselor should approach an Indian client is the danger of stereotyping. On the other hand, it is generally accepted that Anglo counselors should not necessarily treat Indian clients just like Anglo clients and ignore cultural differences. In one study, over half of the American Indian clients who went to mental health centers failed to return after the first interview, compared with a 30% drop-out rate among other groups (Sue, 1977; 1981a). It is possible that many Indian clients fail to return to counseling because they feel it is unlikely to be helpful. Therefore, at the risk of stereotyping all Indians, it seems worthwhile to review some of the attitudes and approaches which have been found to be helpful when seeing Indian clients. Readers should bear in mind that general recommendations can only be helpful in a general way, and that each client must be approached as an individual.

Concept of Health and Disorder

Insofar as it is possible to generalize about traditional American Indian attitudes toward health, it can be said that health results from having a harmonious relationship with nature. All creation is seen as a living, seamless whole. Nature is structured and follows rules of cause and effect, but not necessarily in a manner understandable to human beings (Trimble, 1981). Living in harmony with nature means following the traditions of the tribe. Breaking a taboo results in a state of disharmony,

which can result in disability or disease (Dinges, Trimble, Manson, & Pasquale, 1982; Spector, 1985).

Since all of nature is a whole, individuals are considered relatively insignificant, compared to the tribe. What might be thought to be an individual problem by an Anglo is automatically considered a group problem in traditional Indian society (Attneave, 1982). In addition, time is seen as having a circular character, like the seasons. Time is not rigidly structured; an illness in the present could be the result of an action performed in either the past or the future (Everett, Proctor, & Cartmell, 1983; Spang, 1965).

In traditional American Indian cultures, it is assumed that all of life is spiritual. Life is not separated into artificial parts, such as physical, mental, emotional, and social. Since there is no such thing as a problem in only one of these areas, traditional healers do not specialize in one area (Medicine, 1982). The task of the healer is to diagnose the disharmony which caused the illness or problem. Once the spiritual cause of the problem is determined, typically a healing ritual is prescribed to restore harmony. Although the diagnostic process can take hours or days, the healing ritual can often be completed in minutes (Everett, Proctor, & Cartmell, 1983).

From a traditional perspective, the term "mental health" is a misnomer, since it implies that there is a mental aspect of people which can be separated from the rest of the person. Anglo service providers tend to focus on individual mental health and locate mental or psychological problems in the individual (although systems theorists are gaining ground). From a traditional point of view, the individual simply exhibits the problem, and the problem itself is assumed to be rooted in the community. It would be very rare for a traditional healer to treat an individual in isolation; family and friends are mobilized to support the individual and get them back into the social life of the group. Family members talk with the individual experiencing distress to explore what the problem could be. There might be collective discussions or meetings where the individual is encouraged to make a ritualized confession of being out of harmony with nature. Then an atonement ritual might be performed whereby the individual is restored into the good graces of the family and community. As the words "confession" and "atonement" imply, the process of healing can have a distinctly spiritual character (LaFromboise, 1988; Wallace, 1958).

Expectations for Counseling

As noted earlier, few if any assumptions can be made about an American Indian who makes an appointment for counseling. Some time in the early part of the first session must be spent getting to know the client, and it would be important to get a handle on the extent to which the client has traditional attitudes and values. Some awareness of the expectations the client might have about counseling can facilitate the rapport building process. In addition, it is important for the counselor to have reasonable expectations about Indian clients. The counselor should realize that the Indian client is an individual who may not appear or act stereotypically "Indian."

Some American Indians, particularly those from reservations or other rural areas, may not know what to expect from a counselor. The client may feel that simply showing up at the counselor's office fulfills the client's responsibility. After all, that is basically true when seeing a traditional healer; once the patient presents the problem, it is up to the healer to diagnose the disharmony and prescribe a healing ritual. The traditional healer does not ask the client a lot of questions or expect intimate self-disclosure from the client. An Indian client might feel that a counselor who begins a session by asking a lot of questions is lacking in diagnostic skill.

Of course, many Indians, including some on reservations, do not utilize traditional healers and are accustomed to seeing a variety of "helpers," including contemporary physicians, social workers, etc. Even a less traditional Indian client might have a tendency to expect a counselor to "take over" and solve the problem for the client. This is understandable, considering that most government services for Indians have been provided in a patronizing fashion, i.e., without asking Indians themselves what they want. Over the decades this has resulted

in what Anglo counselors consider the "passivity" of Indian clients. A system which prevents self-determination can lead to an attitude of resignation in American Indians (Richardson, 1981). At any rate, it can be helpful for the counselor to spend some time in the initial interview describing the counselor's view of the mutual responsibilities of the counselor and the client.

Another point for discussion is the client's expectations regarding how long counseling might last. In traditional healing practices, generally speaking, improvement is expected to occur rather quickly. Less traditional Indian clients may also expect prompt resolution of the presenting problem, rather than an extended period of exploration or analysis. In addition, having counseling broken up into artificial blocks of time, such as one-hour sessions held at the same time each week for several weeks, can require an adjustment on the part of Indian clients. Traditionally, the healing process occurs in the client's natural surroundings within the company of family and friends rather than in an office in a unfamiliar place. The more traditional the client, the more likely that these expectations could affect the counseling process.

The counselor's expectations about the initial interview with an Indian client are as important as the client's expectations. As a rule, it is best for an Anglo counselor to approach an Indian client with an open mind. The counselor should approach an Indian client with the same attitudes he or she has toward other clients: interest, caring, sincerity, respect, and positive regard. Prejudice against Indians would obviously disqualify a counselor from seeing Indian clients.

The counselor who often sees Indian clients from a particular tribe would benefit from learning about the history of the tribe, traditional beliefs and values, and current tribal organization. Both the problems and resources of the tribe could be important as background. The counselor should investigate the tribe's family structure, age and sex roles, and characteristics of typical nonverbal behavior and paralinguistic behavior. Factors particularly relevant to counseling include beliefs about how problems should be resolved, the meaning attributed to illness or disability, and traditional healing practices. Information on the natural support systems, developmental stress points, and coping strategies can also be important when serving Indian clients who live on a reservation or have traditional values (Trimble & LaFromboise, 1985).

It is important to recognize that many American Indians feel pulled between two cultures: the traditional tribal culture and the mainstream culture of (predominantly Anglo) America. This conflict can in itself constitute a problem which motivates clients to seek counseling (Larson, 1982). Opportunities for education and employment are very limited on most reservations, forcing people to leave their homes and support systems to move to urban areas. The associated stress can increase the likelihood of anxiety, depression, and substance abuse. Many American Indians seek a balance between honoring their traditions and surviving in the modern world. Counselors who are sensitive to these issues are better equipped to help clients explore them.

The Initial Interview

Trust is usually a central issue in any first session of counseling, but especially so when an Anglo counselor is seeing an Indian client. Many Indians feel that historically, Anglos have not been trustworthy in their dealings with Indians: many treaties have been broken; many health and other services have been promised but not delivered (Davis, 1982). The Anglo counselor has no right to expect that Indian clients will automatically trust the counselor to have the client's interests at heart. The only way for the counselor to establish trust is to truly be honest and trustworthy with the client. This can take time, and patience is essential. It may help to tell the client "It's OK if you don't trust me yet. Maybe as you get to know me trust will develop." Actions speak louder than words in this area.

Building a facilitative climate with an Indian client requires a willingness on the part of the counselor to work hard to empathize with the client. The early part of the initial interview should be used to get to know the client, using an informal conversational style. The atmosphere should be relaxed, casual, and non-threatening. Compared to coun-

seling Anglo clients, much more time may be spent in social conversation as a way to build rapport. This is not the time for paperwork, structured questions, or formal assessment. Rather than asking a series of personal questions, the counselor should use appropriate self-disclosure in order to prompt self-disclosure from the client. For example, if the counselor wants to know about the client's family situation, the counselor should mention something about his or her own family. Make statements, and then allow the client plenty of time to respond. Be careful not to put up barriers to counseling, such as requiring the client to complete lengthy intake forms or questionnaires.

As the counselor talks with the client, the counselor should communicate genuineness, caring, and warmth. The client will be assessing the counselor, and may be thinking "Are you comfortable with me? Can you tolerate my uncertainty? Do you really care about me or are you just going through the motions?" Try not to be too active and do not lecture the client. Asking personal questions or giving advice can be experienced as intrusive by a sensitive client. And do not push the client to talk about strengths, since clients may be reluctant to appear boastful (Everett, Proctor, & Cartmell, 1983).

It is better to focus on the present than the past. Take a practical, problem-focused approach rather than pressure the client for deep introspection and intimate self-disclosure (Sue, 1981b). As the session proceeds, try to develop a picture of the client's world. How traditional are the client's values, family, and living situation? How close is the tribal identification? Is the client torn between tribal culture and mainstream culture, or has the client chosen one or the other, or a balance between the two? How extensive is the client's support system? What are the client's expectations for counseling, and what is the client's goal? Get a clear picture of the problem or concern the client is motivated to work on. Decide if counseling can help the client achieve the goal. By the end of the first session the client should feel that the counselor is sincere and has the ability to help the client reach the desired goal.

The Counseling Process

Counselors differ in their opinions about the best theoretical or technical approach to take in counseling American Indians. Some recommend a non-directive approach, while others report more success with a fairly active, practical orientation (Dillard, 1983). Obviously the approach taken depends to a large extent on the nature of the presenting problem and the client's background and personality. When the client's problem is a lack of specific information, a directive approach can be justified. This approach is not uncommon in the areas of vocational counseling and rehabilitation. Even here, however, care should be taken not to speak down to or patronize the client. Rather than tell the client what to do, describe alternatives and choices, and let the client decide on a course of action. This approach also works well when the client's concern is making a specific decision or resolving a specific conflict. Assist the client in brainstorming the various alternatives, discuss the pros and cons of each, and then let the client decide. Making decisions for the client would only reinforce paternalism (Lewis & Ho, 1979). After the client reaches a decision, the counselor's role becomes supporting the client while the decision is implemented and being available to explore the ramifications of the decision with the client.

Sometimes counseling is more long-term and is focused more on deep conflicts or personality disturbance rather than specific presenting problems. In this context, a more client-centered approach can be effective, assuming the client is motivated and fairly verbal. The counselor should attempt to create an accepting atmosphere, since feeling accepted and understood is, in itself, therapeutic. Being listened to respectfully and non-judgmentally is a rare experience for many people. The counselor should not make any comments which could be experienced by the client as criticism or disapproval. Facilitate the client's self-exploration, while attending to the client's verbal and nonverbal behavior (Runion & Gregory, 1984). Psychodynamic interpretations and the encouragement of emotional catharsis are rarely useful in counseling American Indians (Dillard, 1983).

No description of variables which affect the relationship between an Indian client and an Anglo counselor would be complete without mention of nonverbal behavior. Many writers have touched on this issue, and sometimes the advice conflicts, which is understandable given the large number of distinct Indian cultures and the variability within each tribe. Nevertheless, certain bits of advice recur frequently in the literature: Anglos should use a lower tone of voice with Indians; avoid intense direct eye contact; refrain from touching the client beyond a handshake; and avoid taking notes in front of the client (Attneave, 1982; Lewis & Ho, 1979; Spector, 1985).

Some American Indians feel that these suggestions promote stereotyping. It is true that given the variability of Indian people, the meaning of various types of nonverbal behavior will also vary. Therefore, I recommend a different approach. Rather than meeting Indian clients with preconceived ideas about nonverbal behavior, simply take the lead from the client. Notice the client's tone of voice, pace of speech, eye contact, etc., and match them. This can facilitate the development of rapport and is unlikely to offend the client in any way.

Beyond Individual Counseling

Counselors who see a large number of American Indian clients should research the local tribe to develop an understanding of both the formal and informal resources available to clients (Trimble, 1982). Formal services are usually available from the Bureau of Indian Affairs and the Indian Health Service. In addition, some tribes have their own local service centers (LaFromboise, 1988). American Indians, like all Americans, are eligible to apply for state supported programs such as vocational rehabilitation. Informal resources available to clients usually include both immediate and extended family members, friends, community resource people, and traditional healers. It is more difficult for Indian clients who live in urban areas to access such people, although many large cities have Indian Centers which offer support groups, counseling, and other services.

While serving Indian clients counselors may find it helpful to go beyond the traditional office setting. If possible, visit the client's community and home (if the client extends an invitation) and try to get a sense of what the client's everyday life is like. Provide a block of time available for walk-in clients, rather than requiring rigid scheduling. Experiment with conducting group counseling for Indian clients, which can be particularly effective in the treatment of substance abuse (Pedigo, 1983). Involve family members in counseling whenever possible. Even if the family is not directly involved in the client's problem, they can provide crucial support and understanding for the client (Attneave, 1969; Rappaport, 1981).

In some cases it can be very helpful to collaborate with indigenous healers, helpers, or paraprofessionals who know the client. Some counselors get advice from traditional healers in the client's tribe or refer clients with traditional values for a consultation. Sometimes traditional healing practices can be combined with individual or family counseling (Lowrey, 1983; Meyer, 1974). Self-help and mutual support groups among American Indians have been successful in some urban areas, and twelve-step programs are popular on some reservations. Counselors should be aware of such opportunities and assist clients in locating them. Counselors who feel unable to serve American Indian clients should at least be able to refer clients to other counselors or agencies in the community.

Conclusion

As counselors, we must remember that our beliefs about change are less important than the *client's* beliefs about change. The counselor's role is to work to understand the client's beliefs and then work within the client's belief system to effect change. This is best accomplished in an atmosphere of tolerance and respect, whether the client is an American Indian or not. This approach is much more effective than trying to teach the client a new belief system. The counselor who expects an Indian client to think and act like an Anglo in the counseling situation is holding an ethnocentric assumption which can sabotage the counseling process (Matheson, 1986).

Students in art school learn many facts and theories about color, light, perspective, and proportion. But when it comes to creating a painting, consciously thinking about the rules of design can inhibit creativity. In the same way, counselors who work with American Indians must rely on themselves in the live encounter with the client. Each client provides a unique opportunity for learning new ways to help.

Any skilled counselor who is caring and sincere, and who meets the client as a unique person rather than as a case, should be able to conduct therapeutic counseling with American Indians. Follow the client's lead in establishing rapport, be patient, and base problem-solving strategies on the client's belief system. Counseling American Indians provides an opportunity for the counselor to stretch beyond self-imposed boundaries and develop creativity.

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NONORDINARY REALITY: INDIGENOUS MODELS OF HELPING IN THE NON-WESTERN WORLD

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Every culture has traditionally had ways of dealing with psychological distress and behavioral deviance. For example, in the United States for the last century, counseling has evolved into a formal profession designed to help individuals resolve both situational and developmental problems in various aspects of their lives.

However, counseling as practiced in the United States may in the final analysis be a uniquely American profession. In countries with cultures which predate that of the United States and Western Europe, people have for centuries found guidance to resolve educational, career, and personal-social challenges outside of what we would consider formal counseling with trained professionals (Lee, Oh, & Mountcastle, 1992).

This presentation will examine the findings from a study of indigenous models of helping in selected nonwestern countries, with a focus on the role of traditional healers in problem resolution and decision-making. Implications from the data for multicultural counseling in the United States will also be discussed.

Methodology

The initial purpose of this study was to explore the status of psychology and related mental health fields in nonwestern countries. The following countries were selected for the initial investigation: Argentina, Barbados, Brazil, Egypt, Ethiopia, India, Jamaica, Korea, Kuwait, Mexico, Nigeria, Pakistan, Saudi Arabia, Senegal, Sierra Leone, and Trinidad. These countries were selected to represent a cross-section of nonwestern and so-called "Third World" religious and cultural dimensions found in Africa, Asia, South America, the Middle East, and the Caribbean Basin.

A questionnaire was developed by the research team to discern the status of psychology and related mental health fields in the selected countries. This instrument was then sent to professionals knowledgeable about psychology and related mental health fields. This questionnaire required responses in the following areas: the perceived causes of psychological distress and behavioral deviance in a particular country, specific methods and procedures used in psychological treatment, and types of problems for which psychological treatment is most often sought.

Mental health and related professionals in the following countries returned completed questionnaires: Barbados, Korea, Nigeria, and Pakistan. These respondents included university professors, psychologists, psychiatrists and government officials in the areas of health or education. Interestingly, questionnaires were also received from Saudi Arabia, Singapore, Sudan, and Zambia. It was speculated that respondents in the countries originally selected for the study sent the questionnaires to colleagues in these places.

Conceptual Framework for Data Analysis

A three part conceptual framework was used to analyze the data from the questionnaires. This framework adapted from Das (1987) consisted of the following perspectives: 1) assumptions about the causes of psychological distress and behavioral deviance, 2) specific methods and procedures used in the treatment of psychological distress and behavioral deviance, and 3) types of problems for which this kind of treatment is most often sought. Of particular interest was the information about specific methods and procedures used in the treatment of psychological distress and behavioral deviance.

The data suggest that in the countries responding to the questionnaire, even though Western(i.e. American) mental health practices are becoming accepted, indigenous treatment methods and procedures are extremely important and widespread. In most instances, these indigenous methods for treating psychological distress and behavioral deviance are centuries old. In addition, spiritualism and religious practices appear to be deeply rooted in many of these traditional helping methods.

It is important to point out that differences seem to exist between rural and urban areas in the use of these indigenous practices. Traditional spiritual or religious helping methods appear to be more prevalent in rural areas where Western culture often has not intruded to a great extent. However, it is significant to note that some of these methods appear to be so culturally ingrained that they are practiced even among those who are considered to be "modern" or "sophisticated" in rapidly westernizing urban areas.

The prevalence of religion/spiritualism in meeting mental health challenges in the countries responding to the questionnaire was evident in the important role assumed by traditional healers. It was evident from the data that for many centuries traditional healers have been major sources for help with psychological distress and behavioral deviance. For many of these healers, acute mental crises are considered to be the result of "spirit problems." In other words, people experience mental health challenges because of problems in the spiritual domain. These healers operate therefore, in what may be called the **psychospiritual realm** of human personality.

The following are traditional healers identified in this research:

Shamans and Medicine Men

Shaman is a term adopted by anthropologists to refer to people often called "witch," "witch doctor," "medicine man," "sorcerer," "wizard," or "magic man." A shaman is a man or woman who, at will, enters an altered state of consciousness to contact and utilize an ordinarily hidden reality in order to acquire knowledge, power, and to help other people (Harner, 1990). The Shamanic tradition is centuries old and a universal phenomenon. Shaman were found in all parts of the world under a variety of names in pre-modern times, e.g. Saman (Siberia), Bomoh (Indonesia), Hala (Malaysia), Kahuna (Hawaii), Waheno (Chippewa), and the Oracle of Delphi. In this study, it was found that in Korea, shamans, who are known as "Mudangs," are traditional healers who use sorcery to chase out demons or evil spirits believed to have possessed an individual. Mudangs, who are generally women, have practiced shamanic healing in the rural areas of Korea for generations.

In a similar vein, in many of the countries in this study, medicine men who prescribe herbs and other traditional medicines are common. These traditional medicines are used frequently for both mental and physical illnesses. These healers are popular and wide spread in Brazil, Senegal, Nigeria, Zambia, and Korea. In Mexico for example, these medicine men are called "Curanderos" and the women who practice this folk healing are called "Curanderas."

Piris and Fakirs

Piris and Fakirs are spiritual healers found in Pakistan. Fakirs were also reported in Sudan. These are religious men of the Moslem faith who use verses from the Koran to treat mental illness. There are three distinct ways the Koran is used to treat mental illness: 1) the verses are written down on a piece of paper, tied to a string and the ill individual wears it either around his or her neck or wrist, 2) a Fakir may read a number of Koranic verses and while reading blow with his mouth upon the ill individual. This method of treatment is called "Azima," and 3) Koranic verses are written on small pieces of paper and the ill individual then burns these verses and inhales the smoke. This method is called "Bekhra".

Black Magic Experts

Black Magic Experts are found in rural areas of Pakistan. They claim to have extraordinary powers which they can use to either harm or help a person. A typical diagnosis from a Black Magic Expert is

that someone has put an evil spell on an individual who is ill. In addition to weekly visits, the healer may have special magic words for the individual to wear or to keep in his/her room to do away with the spell.

Sufis

Sufis are spiritual healers also found in Pakistan who use various techniques to treat mental illness. One found to be particularly interesting is a music therapy called "Qawali." Most Sufis are said to be good poets and musicians and use music as a part of their mystic experiences. Traditionally, these music sessions are accompanied by dancing in ecstasy where the patient is encouraged to let loose their inhibitions, swing and dance with the music. Music therapy is a very effective treatment for hysteria and depression especially when the sick person and his family have strong faith in the healing power associated with the music.

Hakeem and Motwaas

Hakeem are traditional healers from Saudi Arabia who are generally found in small villages. They are called on to deal with various illnesses. Their methods include dietary therapy and the use of coal on the nerves.

Motwaas are religious men also found in Saudi Arabia. They cite verses from the Holy Koran and prescribe herbs to treat the mentally ill.

Alfas

Alfas are Nigerian spiritualists. There appears to be a trend in Nigeria to go to spiritual churches or religious healing houses in cases of distress. Alfas are the spiritualists in these traditional healing houses.

Summary

The data from the countries surveyed in this study suggest that there are three common types of problems for which people would seek some type of "psychological" treatment: 1) mental illness, 2) substance abuse, and 3) family violence/pressures. Where it is found, this treatment may take the form of Western-style counseling. However, in many instances treatment is more commonly sought through traditional models of helping indigenous to a particular culture.

Traditional healers seem to function in a manner analogous to that of Western counselors. First, they present themselves to "clients" as specialists. Second, they can be considered as professionals with long years of training and experiences with similar issues. Third, traditional healers show compassion (empathy) but maintain a professional detachment. Finally, they offer themselves as a primary instrument of help. Traditional healers are effective with their practices because people believe in their ability to help them with problem resolution and decision-making.

Implications of Traditional Healing for Multicultural Counseling

There are some important implications for multicultural counseling in the United States in the findings from this study. With the growing impact of cultural diversity on American society, it is incumbent upon counseling professionals to understand all of the dynamics which shape the development of their clients. Culturally responsive counseling strategies and techniques must be predicated on an understanding of cultural dynamics and their crucial role in fostering optimal mental health. This is especially true for the growing number of clients with non-Western cultural backgrounds who will be entering counseling in the coming years. Given this, counseling professionals need to find ways to incorporate cultural dynamics into the helping process (Lee, 1991).

Within the context of this study, religious/spiritual influences and traditional healing should be considered important aspects of intervention with many clients from non-Western cultural backgrounds. The data from this study lend credence to the notion that multicultural counseling may be enhanced if the influence of religion or spirituality is considered a crucial dynamic in the helping process. For many cultural groups, there is often little distinction made between the religious/spiritual and the secular. The philosophical tenets inherent in re-

ligious or spiritual beliefs influence all aspects of human development and interaction.

Within the cultural traditions of many groups, religious institutions are important sources of psychological support. Concomitantly, religious or spiritual leaders have been expected to not only provide for spiritual needs, but also offer guidance for physical and emotional concerns. These institutions and their leaders have been an important indigenous source of help for dealing with psychological distress and behavioral deviance.

Cultural relativism requires that mental health professionals acknowledge and respect beliefs that differ from their own, but not that they necessarily subscribe to these beliefs. Counselors and related professionals should appreciate the skill of the traditional healer and recommend them to clients as appropriate without agreeing with their understanding of what underlies their client's issues, or why their interventions work.

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